2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90123 020 ****61.25

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1. Entity Name
FLORIDA WEST COAST SOCIETY OF DERMATOLOGY, INC.

Principal Place of Business	Mailing Address
12901 BRUCE B. DOWNS BLVD MDA #1174 TAMPA, FL 33612	12901 BRUCE B. DOWNS BLVD MDA #1174 TAMPA, FL 33612

03022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. MDC 79
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2446841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMILL, J. ROBERT JR 7547 JACQUE RD HUDSON, FL 34667	Name: Frank L. Glass Street Address (P.O. Box Number is Not Acceptable): 12901 Bruce B. Downs Blvd. MDC 79 City: Tampa FL Zip Code: 33612

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: L. Frank Glass, Director — DATE: 4-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILL, J. ROBERT JR 7547 JACQUE RD HUDSON, FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David L. Allyn 349 North U.S. Hwy 27 Clermont, FL 34711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASS, FRANK L 12901 BRUCE B. DOWNS BLVD MDA #1174 TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T,D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENSKE, NEIL A 12901 BRUCE B. DOWNS BLVD MDA #1174 TAMPA, FL 33612	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen A. Spencer 3161 Harbor Blvd. Port Charlotte, FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-19-06 813-974-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. Frank Glass