2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N05000000296

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 US	12901 BRUCE B. DOWNS BLVD MDC 79 TAMPA, FL 33612 US

DO NOT WRITE IN THIS SPACE

04022007 No Chg-NP CR2E037 (4/06)

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

GLASS, FRANK L
12901 BRUCE B DOWNS BLVD
MDC 79
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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 _____ DATE
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLYN, DAVID L
STREET ADDRESS	349 NORTH UNITED STATES HIGHWAY 27
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	STD
NAME	GLASS, FRANK L
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD MDA #1174
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	SPENCER, STEPHEN A
STREET ADDRESS	3161 HARBOR BOULEVARD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000698552
04/19/07-80007-018 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 4/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #