2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000296

FILED Mar 24, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12901 BRUCE B. DOWNS BLVD MDA #1174 TAMPA, FL 33612 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2446841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLASS, FRANK L GLASS, FRANK L MD
12901 BRUCE B DOWNS BLVD 12901 BRUCE B DOWNS B

12901 BRUCE B DOWNS BLVD 12901 BRUCE B DOWNS BLVD MDC 79 MDC 79

TAMPA, FL 33612 US TAMPA, FL 33612 US

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.

SIGNATURE: SALLY LAMAR 03/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ALLYN, DAVID L
 Name:
 VASILOUDES, PANOS MD

 Address:
 210 N HWY 27, STE 1
 Address:
 5210 WEBB ROAD

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 TAMPA, FL 33615

Title: STD () Delete Title: STD (X) Change () Addition

Name: GLASS, FRANK L Name: GLASS, FRANK L MD

Address: 12901 BRUCE B. DOWNS BLVD MDA #1174 Address: 12901 BRUCE B. DOWNS BLVD MDC 79

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: (X) Change () Addition SPENCER, STEPHEN A SPENCER, STEPHEN A MD Name: Name: 3161 HARBOR BOULEVARD 3161 HARBOR BOULEVARD Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 KIRK, JOHN F MD

 Address:
 Address:
 4444 CENTRAL AVENUE

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33711

 $\label{eq:Title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad \qquad (\) \ {\sf Change} \ \ ({\sf X}) \ {\sf Addition}$

Name: Name: FENSKE, NEIL A MD

Address: Address: 12901 BRUCE B DOWNS BLVD MDC 79

City-St-Zip: City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY LAMAR FOR L. FRANK GLASS STD 03/24/2009