2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N05000000296

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

Current Principal Place of Business:

12901 BRUCE B. DOWNS BLVD
MDA 1178
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: VASILOUDES, PANOS MD
Address: 5210 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

Title: STD
Name: GLASS, FRANK L MD
Address: 12901 BRUCE B. DOWNS BLVD MDC 79
City-St-Zip: TAMPA, FL 33612

Title: D
Name: SPENCER, STEPHEN A MD
Address: 3161 HARBOR BOULEVARD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: KIRK, JOHN F MD
Address: 4444 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D
Name: FENSKE, NEIL A MD
Address: 12901 BRUCE B DOWNS BLVD MDC 79
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: L. FRANK GLASS STD 02/17/2011

Electronic Signature of Signing Officer or Director Date