## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000296

Apr 17, 2012 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 13220 USF LAUREL DRIVE

MDA 1178 **ROOM 5149** 

TAMPA, FL 33612 TAMPA, FL 33612

**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 MD LIEN, MARY H MD 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: MARY H. LIEN 04/17/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

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

Title: STD

Name: LIEN, MARY H MD

Address: 12901 BRUCE B. DOWNS BLVD MDC 79

City-St-Zip: TAMPA, FL 33612

Title:

FENSKE, NEIL A MD Name:

12901 BRUCE B DOWNS BLVD MDC 79 Address:

City-St-Zip: TAMPA, FL 33612

Title:

Name: NELSON, CHRISTOPHER G MD 12901 BRUCE B DOWNS BLVD MDC 79 Address:

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: MARY H. LIEN STD 04/17/2012