

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 11, 2007
Secretary of State**

DOCUMENT# N05000004058

Entity Name: MIAMI SOCIETY FOR DERMATOLOGY & CUTANEOUS SURGERY, INC.

Current Principal Place of Business:

7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-2711931 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROWELL, JUDITH MD
7800 SW 87TH AVE
SUITE C-300
MIAMI, FL 33173 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 () Delete
Name: CROWELL, JUDITH MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: GOLOMB, CYNTHIA MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: COHEN, MARK MD
Address: 7800 SW 87TH AVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDITH E. CROWELL

DR.

05/11/2007

Electronic Signature of Signing Officer or Director

_____ Date