

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004058

FILED  
Feb 20, 2009  
Secretary of State

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:**

3275 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

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

**New Mailing Address:**

3275 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

FEI Number: 20-2711931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

GUIFFRIDA, TJ MD  
3275 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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: TJ GUIFFRIDA

02/20/2009

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: KAUFMAN, JOELY MD  
Address: 7800 SW 87TH AVE  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GUIFFRIDA, TJ MD  
Address: 3275 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D (X) Change ( ) Addition  
Name: KAUFMAN, JOELY MD  
Address: 4020 MALAGA AVENUE  
City-St-Zip: MIAMI, FL 33133

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: JOELY KAUFMAN

DR

02/20/2009

Electronic Signature of Signing Officer or Director

Date