

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004058

FILED
Feb 05, 2010
Secretary of State

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

Current Principal Place of Business:

3275 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

7800 SW 87TH AVENUE
SUITE C 300
MIAMI, FL 33173

Current Mailing Address:

3275 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

7800 SW 87TH AVENUE
SUITE C 300
MIAMI, FL 33173

FEI Number: 20-2711931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HERMAN, ALYSA MD
7800 SW 87TH AVENUE
SUITE C 300
MIAMI, FL 33173 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: ALYSA R. HERMAN

02/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: HERMAN, ALYSA MD
Address: 7800 SW 87TH AVENUE, SUITE C 300
City-St-Zip: MIAMI, FL 33173

Title: MD
Name: GOLOMB, CYNTHIA MD
Address: 1111 KANE CONCOURSE
City-St-Zip: MIAMI, FL 33154

Title: MD
Name: KAUFMAN, JOELY MD
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33146

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: ALYSA R. HERMAN

MD

02/05/2010

Electronic Signature of Signing Officer or Director

Date