## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004058

FILED Jan 05, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

7800 SW 87TH AVENUE 1080 KANE CONCOURSE

SUITE C 300 BAY HARBOR ISLANDS, FL 33154 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

7800 SW 87TH AVENUE 1080 KANE CONCOURSE

SUITE C 300 BAY HARBOR ISLANDS, FL 33154 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: Name and Address of New Registered Agent:

HERMAN, ALYSA MD

7800 SW 87TH AVENUE

1080 KANE CONCOURSE

PAY HARRON SELECTION OF THE 234F4 ALICE

SUITE C 300 BAY HARBOR ISLANDS, FL 33154 US 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: MELISSA LAZARUS 01/05/2011

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: LAZARUS, MELISSA MD
Address: 1080 KANE CONCOURSE
City-St-Zip: BAY HARBOR ISLANDS, 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: MELISSA LAZARUS MD 01/05/2011