2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

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Entity Name: FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY FOUNDATION, INC.

Current Principal Place of Business:

2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 N

New Principal Place of Business:

Current Mailing Address:

2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 N

New Mailing Address:

FEI Number: 20-3567454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODKIN, LARRY E JR
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 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: EICHLER, CRAIG J. MD
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 N

Title: D ( ) Delete
Name: MEIRSON, DAN MD
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 N

Title: D ( ) Delete
Name: KIRSNER, ROBERT MD
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 N

Title: D ( ) Delete
Name: BEERS, BETSY MD
Address: 2563 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ZELLMAN, GLENN L M.D.
Address: 7301 NORTH UNIVERSITY DRIVE, SUITE 102
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change ( ) Addition
Name: SMALLWOOD, KRISTIN M.D.
Address: 1980 NORTH ATLANTIC AVENUE, SUITE 722
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change ( ) Addition
Name: NEMETH, ALBERT M.D.
Address: 3165 N. MCMULLEN BOOTH ROAD, #2
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change ( ) Addition
Name: SPENCER, JAMES M M.D.
Address: 900 CARILLON PARKWAY, SUITE 404
City-St-Zip: ST. PETERSBURG, FL 33716

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: LARRY E. BODKIN, JR. RA 04/28/2008

Electronic Signature of Signing Officer or Director — Date