

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010028

FILED
May 28, 2009
Secretary of State

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:

6816 SOUTHPOINT PARKWAY
SUITE 1000
JACKSONVILLE, FL 32216 N

Current Mailing Address:

2563 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32308 N

New Mailing Address:

6816 SOUTHPOINT PARKWAY
SUITE 1000
JACKSONVILLE, FL 32216 N

FEI Number: 20-3567454 **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:

BODKIN, LARRY E JR
2563 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

FOY, BRIAN O
6816 SOUTHPOINT PARKWAY
SUITE 1000
JACKSONVILLE, FL 32216 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: BRIAN O FOY

05/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GLENN L ZELLMAN MD

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date