

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2012  
Secretary of State**

DOCUMENT# N07000012195

**Entity Name:** THE FOUNDATION FOR SKIN DISEASE RESEARCH AND EDUCATION, INC.

**Current Principal Place of Business:**

2925 AVENTURA BOULEVARD, SUITE 205  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2925 AVENTURA BOULEVARD, SUITE 205  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-1631506      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE SUITE 125  
CORAL GABLES, FL 33146 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  
Name: NESTOR, MARK MD  
Address: 2925 AVENTURA BOULEVARD, SUITE 205  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: BERMAN, BRAIN MD  
Address: 2925 AVENTURA BOULEVARD, SUITE 205  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: WAGENER, DAVID  
Address: 2925 AVENTURA BOULEVARD, SUITE 205  
City-St-Zip: AVENTURA, FL 33180

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: MARK S. NESTOR

D

01/09/2012

Electronic Signature of Signing Officer or Director

Date