

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005676

FILED  
Mar 02, 2010  
Secretary of State

**Entity Name:** JACKSONVILLE DERMATOLOGICAL SOCIETY, INC.

**Current Principal Place of Business:**

4479 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

11182 CHESTER LAKE RD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4479 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

11182 CHESTER LAKE RD  
JACKSONVILLE, FL 32256

**FEI Number:** 27-0353563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE SUITE 115  
JACKSONVILLE, FL 32204 US

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

BROWN, ROBERT  
11182 CHESTER LAKE RD.  
JACKSONVILLE, FL 32256 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: ROBERT BROWN, MD

03/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BROWN, ROBERT MD  
Address: 11182 CHESTER LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: BROWN, ROBERT MD  
Address: 1893 KINGSLEY AVE SUITE A  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: MOON, ALISON MD  
Address: 3200 S 3RD STREET  
City-St-Zip: JACKSONVILLE, FL 32250

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: ROBERT BROWN, MD

MD

03/02/2010

Electronic Signature of Signing Officer or Director

Date