

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005676

FILED
Feb 16, 2011
Secretary of State

Entity Name: JACKSONVILLE DERMATOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

11182 CHESTER LAKE RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

1495 KINGSLEY AVE
ORANGE PARK, FL 32073

Current Mailing Address:

11182 CHESTER LAKE RD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 27-0353563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT
11182 CHESTER LAKE RD.
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BROWN, ROBERT
1495 KINGSLEY AVE.
ORANGE PARK, FL 32073 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:

02/16/2011

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: BOYD, DAVID MD
Address: 1495 KINSLEY AVE.
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 G. BROWN, MD

D

02/16/2011

Electronic Signature of Signing Officer or Director

Date