2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# N14798

Entity Name: THE PALM BEACH COUNTY SOCIETY FOR DERMATOLOGY AND CUTANEOUS SURGERY, INC.

Current Principal Place of Business:

RONNIT STEIN MD
5210 LINTON BLVD, SUITE 307
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

JOHN STRASSWIMMER MD TREASURER
2605WEST ATLANTIC AVE SUITE D-204
DELRAY BEACH, FL 33485 US

Current Mailing Address:

RONNIT STEIN MD
5210 LINTON BLVD, SUITE 307
DELRAY BEACH, FL 33484 US

New Mailing Address:

JOHN STRASSWIMMER MD TREASURER
2605 WEST ATLANTIC AVE SUITE D-204
DELRAY BEACH, FL 33485 US

FEI Number: 65-0701529 **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:

STEIN, RONNIT
5210 LINTON BLVD
SUITE 307
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

STRASSWIMMER, JOHN
2605 WEST ATLANTIC AVE
SUITE D-204
DELRAY BEACH, FL 33485 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: JOHN STRASSWIMMER 11/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: STEIN, RONNIT
Address: 5210 LINTON BLVD, SUITE 307
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: PD ( ) Delete
Name: KAMINESTER, LEWIS
Address: 840 US HIGHWAY 1, SUMMIT BUILDG, SUITE 300
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: STRASSWIMMER, JOHN
Address: 2605 WEST ATLANTIC AVE SUITE D-204
City-St-Zip: DELRAY BEACH, FL 33485 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: FAYNE, SCOTT
Address: 1002 SOUTH OLD DIXIE HIGHWAY
City-St-Zip: JUPITER, FL 33458

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: JOHN STRASSWIMMER TD 11/03/2008
Electronic Signature of Signing Officer or Director Date