

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14798

FILED
Apr 19, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0701529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRASSWIMMER, JOHN
2605 WEST ATLANTIC AVE
SUITE D-204
DELRAY BEACH, FL 33485 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: TD
Name: STRASSWIMMER, JOHN
Address: 2605 WEST ATLANTIC AVE SUITE D-204
City-St-Zip: DELRAY BEACH, FL 33485 US

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

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

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: JOHN STRASSWIMMER

TD

04/19/2011

Electronic Signature of Signing Officer or Director

Date