

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737016

**Entity Name:** BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

**Current Principal Place of Business:**

4341 BOUGAINVILLA DR  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

4341 BOUGAINVILLA DR  
LAUDERDALE BY THE SEA, FL 33308 US

**FEI Number:** 65-0027432

**Certificate of Status Desired:** No

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

BREZA, THOMAS S JR.  
4341 BOUGAINVILLA DR  
LAUDERDALE BY THE SEA, FL 33308 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:** THOMAS S BREZA JR. MD

03/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BREZA, THOMAS J MD  
Address        4341 BOUGAINVILLA DR  
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title            SECRETARY  
Name            STERLING, GLENN MD  
Address        1040 WESTON ROAD  
                  SUITE 105  
City-State-Zip: WESTON FL 33326

Title            TREASURER  
Name            MILLER, EVAN MD  
Address        895 SW 30TH AVE  
                  101  
City-State-Zip: POMPANO BEACH FL 33069

Title            MEMBERSHIP CHAIRMAN  
Name            CONRAD, NICOLE MD  
Address        950 GLADES RD  
City-State-Zip: BOCA RATON FL 33431

*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:** EVAN MILLER

MD, TREASURER

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date