

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737016

Entity Name: BROWARD COUNTY DERMATOLOGY SOCIETY, INC.

Current Principal Place of Business:

2951 NW 49TH AVE
SUITE 207
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

2951 NW 49TH AVE
SUITE 207
LAUDERDALE LAKES, FL 33313 US

FEI Number: 65-0027432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANKEL, STACY JMD
2951 NW 49TH AVE
SUITE 207
LAUDERDALE LAKES, FL 33313 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRES
Name FRANKEL, STACY J MD
Address 2951 NW 49TH AVE
207
City-State-Zip: LAUDERDALE LAKES FL 33313

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

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

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: STACY FRANKEL

MD

06/21/2013

Electronic Signature of Signing Officer/Director Detail

Date