

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737016

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

**Current Principal Place of Business:**

7050 W. PALMETTO PARK RD.  
UNIT 30  
BOCA RATON, FL 33433

**FILED**  
**Feb 20, 2019**  
**Secretary of State**  
**1598703426CC**

**Current Mailing Address:**

7050 W. PALMETTO PARK RD.  
UNIT 30  
BOCA RATON, FL 33433 US

**FEI Number: 65-0027432**

**Certificate of Status Desired: Yes**

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

SCHWARTZ, NICOLE CONRAD MD  
7050 WEST PALMETTO PARK ROAD  
SUITE 30  
BOCA RATON, FL 33433 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: NICOLE CONRAD SCHWARTZ**

**02/20/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHWARTZ, NICOLE CONRAD MD  
Address        7050 W. PALMETTO PARK RD.  
                  UNIT 30  
City-State-Zip: BOCA RATON FL 33433

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

Title           C  
Name           WEATHERALL, ANGELA MD  
Address        7050 W. PALMETTO PARK RD.  
                  UNIT 30  
City-State-Zip: BOCA RATON FL 33433

Title           PROGRAM DIRECTOR  
Name           ILKOVITCH, DAN MD  
Address        7050 W. PALMETTO PARK RD.  
                  UNIT 30  
City-State-Zip: BOCA RATON FL 33433

*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: NICOLE CONRAD SCHWARTZ**

**TREASURER**

**02/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date