

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737016

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

**Current Principal Place of Business:**

4341 BOUGAINVILLE DR  
LAUDERDALE BY THE SEA, FL 33308

**Current Mailing Address:**

4341 BOUGAINVILLE 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 BOUGAINVILLE 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**

**03/01/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           PRESIDENT  
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

Title           PROGRAM DIRECTOR  
Name           WETHERALL, ANGELA  
Address        208 SW 6 COURT  
City-State-Zip: POMPANO BEACH FL 33060

*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: GLENN STERLING**

**TREASURER**

**03/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date