

**2014 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: THOMAS S. BREZA, JR. MD**

**TREASURER**

**03/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date