

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

DOCUMENT# N05000004058

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC5631325641**

**Entity Name:** MIAMI SOCIETY FOR DERMATOLOGY & CUTANEOUS SURGERY, INC.

**Current Principal Place of Business:**

1600 NW 10TH AVE, RMSB 2023A  
LOCATOR R-250  
MIAMI, FL 33136

**Current Mailing Address:**

1600 NW 10TH AVE, RMSB 2023A  
LOCATOR R-250  
MIAMI, FL 33136 US

**FEI Number:** 20-2711931

**Certificate of Status Desired:** No

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

POMPA, ADRIANE DR.  
6705 SW 57TH AVE  
SUITE #314  
CORAL GABLES, FL 33143 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:** ADRIANE POMPA

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VEGA, JANELLE  
Address        6705 SW 57TH AVE  
                  SUITE #314  
City-State-Zip: CORAL GABLES FL 33143

Title            VP  
Name            HU, SHASA  
Address        6705 SW 57TH AVE  
                  SUITE #314  
City-State-Zip: CORAL GABLES FL 33143

Title            TREASURER  
Name            POMPA, ADRIANE  
Address        6705 SW 57TH AVE  
                  SUITE 314  
City-State-Zip: MIAMI FL 33143

Title            SECRETARY  
Name            MORRISON, BRIAN  
Address        6705 SW 57TH AVE  
                  SUITE #314  
City-State-Zip: CORAL GABLES FL 33143

*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:** ADRIANE POMPA

MD

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date