

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

DOCUMENT# N07000012195

**Entity Name:** THE SKIN DISEASE RESEARCH AND EDUCATION FOUNDATION, INC.

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC7830409952**

**Current Principal Place of Business:**

1111 PARK CENTRE BOULEVARD, SUITE 300  
MIAMI, FL 33169

**Current Mailing Address:**

1111 PARK CENTRE BOULEVARD, SUITE 300  
MIAMI, FL 33169

**FEI Number: 26-1631506**

**Certificate of Status Desired: No**

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE SUITE 125  
CORAL GABLES, FL 33146 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 D  
Name NESTOR, MARK MD  
Address 2925 AVENTURA BOULEVARD, SUITE 205  
City-State-Zip: AVENTURA FL 33180

Title D  
Name BERMAN, BRAIN MD  
Address 2925 AVENTURA BOULEVARD, SUITE 205  
City-State-Zip: AVENTURA FL 33180

Title D  
Name WAGENER, DAVID  
Address 2925 AVENTURA BOULEVARD, SUITE 205  
City-State-Zip: AVENTURA FL 33180

*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: DAVID WAGENER**

**D**

**01/28/2016**

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

\_\_\_\_\_  
Date