2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P95000060797

Entity Name: MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

100 WEST GORE STREET STE 602
STE 600
ORLANDO, FL 32806

New Principal Place of Business:

100 WEST GORE STREET
STE 600
ORLANDO, FL 32806

Current Mailing Address:

100 WEST GORE STREET STE 602
STE 600
ORLANDO, FL 32806

New Mailing Address:

100 WEST GORE STREET
STE 600
ORLANDO, FL 32806

FEI Number: 59-3330433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ, MICHAEL
100 WEST GORFS ST., STE 600
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

GUTIERREZ, MICHAEL M
100 WEST GORE ST., STE 600
ORLANDO, FL 32806 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: MICHAEL M GUTIERREZ 01/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GUTIERREZ, MICHAEL M M.D.
Address: 100 WEST GORE STREET STE 600
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M GUTIERREZ PSTD 01/15/2008
Electronic Signature of Signing Officer or Director Date