

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042314

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** HERNANDO SKIN AND CANCER CENTER, P.A.

**Current Principal Place of Business:**

12900 CORTEZ BLVD.  
SUITE 205  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

12900 CORTEZ BLVD  
205  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

**FEI Number:** 59-3322434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN, JOHN CPA  
4114 LAMSON AVE  
SPRING HILL, FL 34608 US

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

FRANKLIN, JOHN CPA  
4314 LAMSON AVE  
SPRING HILL, FL 34608 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:** JOHN FRANKLIN

01/28/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR ( ) Delete  
**Name:** REED, OLIVER M  
**Address:** 12900 CORTEZ BLVD #205  
**City-St-Zip:** BROOKSVILLE, FL 34613

**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:** OLLIVER M REED

DR

01/28/2008

Electronic Signature of Signing Officer or Director

Date