2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090734

SCHMIEDER, GEORGE J

JACKSONVILLE, FL 32210

4327 ORTEGA FARMS CIRCLE

Name:

Address:

City-St-Zip:

Entity Name: PARK AVENUE DERMATOLOGY, P.A

FILED Feb 14, 2008 Secretary of State

Entity Nai	Me: PARK AVI	ENUE DERMATOLOGY, P.A					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1543 KINGSLEY AVENUE BLDG. 16 ORANGE PARK, FL 32073				906 PARK AVENUE ORANGE PARK, FL 32073			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
1543 KINGSLEY AVENUE BLDG. 16 ORANGE PARK, FL 32073			906 PARK AVENUE ORANGE PARK, FL 32073				
FEI Number: 20-3091866 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
4327 ORT JACKSON The above in the State	e of Florida.	IRCLE	purpose of changing i	ts registered	office or registered agent, or	r both,	
SIGNATUI	Electroni	c Signature of Registered Ag	gent		Date		
	mpaign Financing S AND DIREC	Trust Fund Contribution ().	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SCHMIEDER, G 4327 ORTEGA F JACKSONVILLE	ARMS CIRCLE	Title: Name: Address: City-St-Zip:	SCHMIEDER 4327 ORTEG	X) Change ()Addition , GEORGE J DO A FARMS CIRCLE LE, FL 32210		
Title: Name: Address: City-St-Zip:	S () SCHMIEDER, G 4327 ORTEGA F JACKSONVILLE	ARMS CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title [.]	T ()	Delete	Title [.]	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE J. SCHMIEDER, DO P 02/14/2008