

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K93503

**Entity Name:** SUNCOAST DERMATOLOGY AND SKIN SURGERY CENTER,  
P.A.

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**6907502903CC**

**Current Principal Place of Business:**

C/O RALPH E. MASSULLO JR.  
525 N DACIE POINT  
LECANTO, FL 34461

**Current Mailing Address:**

C/O RALPH E. MASSULLO JR.  
525 N DACIE POINT  
LECANTO, FL 34461 US

**FEI Number: 59-2949332**

**Certificate of Status Desired: Yes**

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

MASSULLO, RALPH E. JR.  
525 NO DACIE POINT  
LECANTO, FL 32661 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 P  
Name MASSULLO, RALPH E.  
Address 525 NO DACIE POINT  
City-State-Zip: LECANTO FL 34461

Title VP  
Name WELTON, WILLIAM  
Address 525 N DACIE POINT  
City-State-Zip: LECANTO FL 34461

Title ST  
Name WARTELS, MICHAEL  
Address 525 NO DACIE PT  
City-State-Zip: LECANTO FL 34461

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: MASSULLO, RALPH E.**

**PRESIDENT**

**02/07/2019**

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

\_\_\_\_\_  
Date