

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000109651

**Entity Name:** PRESTIGE DERMATOLOGY, INC.

**Current Principal Place of Business:**

4546 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

4546 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3758247

**Certificate of Status Desired:** No

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

MONTICCILO, NATALIE LD.O.  
1214 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683 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 DR  
Name MONTICCILO, NATALIE L  
Address 1214 PLAYMOOR DR  
City-State-Zip: PALM HARBOR FL 34683

*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:** NATALIE MONTICCILO

**OWNER/PRESIDENT**

**02/01/2013**

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

\_\_\_\_\_  
Date