

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000109651

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

**Current Principal Place of Business:**

5091 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

6021 BEACON SHORES  
TAMPA, FL 33616 US

**FEI Number:** 59-3758247

**Certificate of Status Desired:** No

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

MONTICCIOLO, NATALIE LD.O.  
6021 BEACON SHORES  
TAMPA, FL 33616 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 MONTICCIOLO, NATALIE L  
Address 6021 BEACON SHORES  
City-State-Zip: TAMPA FL 33616

Title ADMINISTRATOR  
Name MONTICCIOLO, VINCENT J DR.  
Address 6021 BEACON SHORES  
City-State-Zip: TAMPA FL 33616

*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 MONTICCIOLO

CEO

03/02/2022

Electronic Signature of Signing Officer/Director Detail

Date