

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000079514

**Entity Name:** BREVARD MEDICAL DERMATOLOGY, P.A.

**Current Principal Place of Business:**

8057 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940

**Current Mailing Address:**

8057 SPYGLASS HILL ROAD  
MELBOURNE, FL 32940

**FEI Number: 36-4796769**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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 PTSD  
Name SPICER, MICHAEL S MD  
Address 8057 SPYGLASS HILL ROAD  
City-State-Zip: MELBOURNE FL 32940

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: MICHAEL SPICER**

**PTSD**

**01/21/2018**

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

\_\_\_\_\_  
Date