

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000060797

**Entity Name:** MID-FLORIDA DERMATOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

100 WEST GORE STREET  
STE 600  
ORLANDO, FL 32806

**Current Mailing Address:**

7652 ASHLEY PARK COURT  
SUITE 305  
ORLANDO, FL 32806

**FEI Number: 59-3330433**

**Certificate of Status Desired: No**

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

GUTIERREZ, MICHAEL M  
100 WEST GORE ST., STE 600  
ORLANDO, FL 32806 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 PSTD  
Name GUTIERREZ, MICHAEL MM.D.  
Address 100 WEST GORE STREET STE 600  
City-State-Zip: ORLANDO FL 32806

*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 GUTIERREZ**

**CEO**

**03/21/2018**

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

\_\_\_\_\_  
Date