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: SUSAN S.ROPER

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105554

Entity Name: COUNTRYSIDE DERMATOLOGY AND LASER CENTER, INC.

Current Principal Place of Business:

2467 ENTERPRISE RD SUITE A CLEARWATER, FL 33763

Current Mailing Address:

2467 ENTERPRISE RD SUITE A CLEARWATER, FL 33763

FEI Number: 59-3546644

Name and Address of Current Registered Agent:

ROPER, SUSAN S 2284 EDYTHE DRIVE DUNEDIN, FL 34698 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

Officer/Director Detail :

Title	PRES	Title	SEC
Name	ROPER, SUSAN	Name	POWERS, KAREN
Address	2284 EDYTHE DR	Address	1452 NOELL BLVD
City-State-Zip:	DUNEDIN FL 34698	City-State-Zip:	PALM HARBOR FL 34683

OWNER

Certificate of Status Desired: Yes

FILED Jan 28, 2016 Secretary of State CC7265093795

> 01/28/2016 Date

Date