

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000066596

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

**Current Principal Place of Business:**

6000 TURKEY LAKE RD  
STE. 110  
ORLANDO, FL 32819

**Current Mailing Address:**

6000 TURKEY LAKE RD  
STE. 110  
ORLANDO, FL 32819

**FEI Number: 59-3593636**

**Certificate of Status Desired: No**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132 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            P  
Name            LATEEF, FAROOQ MD  
Address        8827 SOUTHERN BREEZE DR  
City-State-Zip: ORLANDO FL 32836

Title            ST  
Name            BAKSHI, FAUZIA  
Address        8827 SOUTHERN BREEZE DR  
City-State-Zip: ORLANDO FL 32836

*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: FAUZIA BAKSHI**

**ST**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date