

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 545545

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** MELBOURNE DERMATOLOGY CENTER - STEPHEN HORNELL, M.D., P.A.

**Current Principal Place of Business:**

333 E. SHERIDAN ROAD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

333 E. SHERIDAN ROAD  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-1761147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HORNELL, STEPHEN  
106 SOUTHGATE BLVD.  
MELBOURNE, FL 32901 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HORNELL, STEPHEN  
Address: 333 E. SHERIDAN RD.  
City-St-Zip: MELBOURNE, FL 32901

Title: SD  
Name: HORNELL, PAMELA  
Address: 106 SOUTHGATE BLVD.  
City-St-Zip: MELBOURNE, FL 32901

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: STEPHEN HORNELL

PRES

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date