

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687481

FILED  
Feb 28, 2010  
Secretary of State

Entity Name: CENTER FOR DERMATOLOGY, P.A.

**Current Principal Place of Business:**

1480 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1480 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 59-2023765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALLACH, PETER M., MD  
1480 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALLACH, PETER M. M.D.  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP  
Name: TOPPER, SHARI F M.D.  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: AVP  
Name: FIEDLER, JODI M.D.  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: AS  
Name: GALLEG0, RAMON M.D.  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: AS  
Name: MEJIA, RICARDO MD  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: AS  
Name: CAPUTO, COLETTE PA  
Address: 1480 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: PETER WALLACH

P

02/28/2010

Electronic Signature of Signing Officer or Director

Date