

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006826

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: ADVANCED DERMATOLOGY OF OHIO, INC.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 20-1287968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEAVITT, MICHAEL D  
2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 32751 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: PVC ( ) Delete  
Name: LEAVITT, MICHAEL D  
Address: 182 SHADOWBAY BOULEVARD  
City-St-Zip: LONGWOOD, FL 32779

Title: VC ( ) Delete  
Name: LEAVITT, MATT DO  
Address: 1343 CLASSIC COURT NORTH  
City-St-Zip: LONGWOOD, FL 32779

Title: ST ( ) Delete  
Name: MORELL, DAVID  
Address: 1516 EMERALD ISLE POINT  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. LEAVITT

PVC

01/05/2007

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

\_\_\_\_\_  
Date