

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006826

FILED
Apr 14, 2009
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 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

MR.

04/14/2009

Electronic Signature of Signing Officer or Director

Date