

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006826

**FILED**  
**Apr 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

**Title:** PVC  
**Name:** LEAVITT, MICHAEL D  
**Address:** 182 SHADOWBAY BOULEVARD  
**City-St-Zip:** LONGWOOD, FL 32779

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

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

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:** MICHAEL LEAVITT

PVC

04/19/2011

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

\_\_\_\_\_  
Date