

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005682

FILED
Jan 18, 2011
Secretary of State

Entity Name: FAMILY DERMATOLOGY MANAGEMENT OF PENNSYLVANIA, INC.

Current Principal Place of Business:

1305 S FORT HARRISON AVE BLDG A
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1305 S FORT HARRISON AVE BLDG A
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-5288386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRECOPIO, LUZ
1305 S FORT HARRISON AVE BLDG A
CLEARWATER, FL 33756 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: CV
Name: FRANKEL, ANDREW C
Address: 1305 S FORT HARRISON AVE BLDG A
City-St-Zip: CLEARWATER, FL 33756

Title: DS
Name: AGBOWU, BAMIDELE
Address: 1305 S FORT HARRISON AVE BLDG A
City-St-Zip: CLEARWATER, FL 33756

Title: P
Name: ADESOKAN, ADEYINKA
Address: 1305 S FORT HARRISON AVE BLDG A
City-St-Zip: CLEARWATER, FL 33756

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: ANDREW C. FRANKEL

COO

01/18/2011

Electronic Signature of Signing Officer or Director

Date