

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49319

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: MID-FLORIDA SKIN CANCER CLINIC, RANDALL B. COVERMAN, M.D., P.A.

## Current Principal Place of Business:

220 N. WESTMONTE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

220 N. WESTMONTE  
A  
ALTAMONTE SPRING, FL 32714 US

## New Mailing Address:

220 N. WESTMONTE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-2126942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COVERMAN, RANDALL B., M.D.  
220 N WESTMONTE DR. STE A:  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

COVERMAN, RANDALL B., M.D.  
220 N WESTMONTE DR. STE A:  
A  
ALTAMONTE SPRINGS, FL 32714 US

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: RANDALL COVERMAN

06/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COVERMAN, RANDALL B.  
Address: 315 MENASHE CT.  
City-St-Zip: LONGWOOD, FL

Title: ST ( ) Delete  
Name: COVERMAN, GAIL  
Address: 315 MENASHE CT.  
City-St-Zip: LONGWOOD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COVERMAN, RANDALL B.  
Address: 315 MENASHE CT.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: ST (X) Change ( ) Addition  
Name: COVERMAN, GAIL  
Address: 315 MENASHE CT.  
City-St-Zip: LONGWOOD, FL 32779 US

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: RANDALL COVERMAN

PRES

06/17/2009

Electronic Signature of Signing Officer or Director

Date