

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49319

FILED  
Jan 04, 2012  
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  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**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:  
A  
ALTAMONTE SPRINGS, FL 32714 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: P  
Name: COVERMAN, RANDALL B.  
Address: 315 MENASHE CT.  
City-St-Zip: LONGWOOD, FL 32779 US

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

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: RANDALL COVERMAN, M.D.

PRES

01/04/2012

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

\_\_\_\_\_  
Date