

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86138

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE DERMATOLOGY GROUP, P.A.

Current Principal Place of Business:

521 W. SR 434, STE. 202
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

521 W. SR 434, STE. 202
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2198263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWALD, JEFFREY S., M.D.
521 W. SR 434
SUITE 202
LONGWOOD, FL 32750 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: DST () Delete
Name: WISE, THOMAS G, MD,
Address: 302 SWEETWATER CLUB CIR.
City-St-Zip: LONGWOOD, FL

Title: DP () Delete
Name: GREENWALD, JEFFREY S,
Address: 104 BLUE LAKE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: DVP () Delete
Name: HENNER, MICHAEL S
Address: 1148 KEYES AVE
City-St-Zip: WINTER PARK, FL 32789

Title: DAS () Delete
Name: DEMETRIUS, ROBERT W
Address: 281 KIPLING COURT
City-St-Zip: LAKE MARY, FL 32746

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:

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 HENNER, M.D.

DVP

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date