

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H29714

FILED
Apr 21, 2011
Secretary of State

Entity Name: NORTH FLORIDA DERMATOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1541 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

1541 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2467923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAVONE, FRANK E
1541 RIVERSIDE AVE
JACKSONVILLE, FL 32204 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: PSTD
Name: SCHIAVONE, FRANK E
Address: 1541 RIVERSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32204

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: LOUANNE CROSBY

MGR

04/21/2011

Electronic Signature of Signing Officer or Director

Date