2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# H29714

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

Title: VP
Name: BROWN, ROBERT G
Address: 1541 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: SHVARTZMAN, LEONARD
Address: 1541 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: KANTOR, JONATHAN
Address: 1541 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: GENEBRIERA, JOSEP
Address: 1541 RIVERSIDE AVENUE
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: FRANK SCHIAVONE CEO 04/27/2012

Electronic Signature of Signing Officer or Director Date