

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64028

FILED
Mar 16, 2011
Secretary of State

Entity Name: DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

Current Principal Place of Business:

1707 RIGGINS RD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 13859
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2524839 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COGNETTA, ARMAND B MD
1707 RIGGINS RD
TALLAHASSEE, FL 32308 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: PT
Name: ARMAND B. COGNETTA, MD
Address: 1707 RIGGINS RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPT
Name: GORDON J. LOW, MD
Address: 1714 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S/T
Name: BHAVIK P. SONI, MD
Address: 1707 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S/T
Name: STEPPHEN K. RICHARDSON, MD
Address: 1714 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

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: ARMAND B. COGNETTA, M.D.

PT

03/16/2011

Electronic Signature of Signing Officer or Director

Date