

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82356

FILED  
Feb 10, 2010  
Secretary of State

**Entity Name:** BAY DERMATOLOGY ASSOCIATES, JERRY L. HEDRICK, M.D. P.A.

**Current Principal Place of Business:**

500 VONDERBERG DRIVE, W  
SUITE 115  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 VONDERBERG DRIVE, W  
SUITE 115  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 59-2592065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEDRICK, JERRY L. M.D.  
500 VONDERBURG DRIVE  
STE 115W  
BRANDON, FL 33511 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: PCE  
Name: HEDRICK, JERRY L.  
Address: 503 TOMAHAWK TRAIL  
City-St-Zip: BRANDON, FL 33511

Title: O  
Name: HEDRICK, KATHYLEEN  
Address: 503 TOMAHAWK TRAIL  
City-St-Zip: BTANDON, FL 33511

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: JERRY L HEDRICK

PCE

02/10/2010

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

\_\_\_\_\_  
Date