

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11275

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: LAKELAND DERMATOLOGY, INC.

## Current Principal Place of Business:

202 LAKE MIRIAM DRIVE  
SUITE 1  
LAKELAND, FL 338132580 US

## New Principal Place of Business:

202 LAKE MIRIAM DRIVE  
SOUTH - 1  
LAKELAND, FL 338132580 US

## Current Mailing Address:

202 LAKE MIRIAM DRIVE  
SUITE 1  
LAKELAND, FL 338132580 US

## New Mailing Address:

202 LAKE MIRIAM DRIVE  
SOUTH - 1  
LAKELAND, FL 338132580 US

FEI Number: 65-0140094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURRAY, DAVID W MD  
202 LAKE MIRIAM DRIVE  
SUITE 1  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

MURRAY, DAVID W MD  
202 LAKE MIRIAM DRIVE  
SOUTH - 1  
LAKELAND, FL 33813 US

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:

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: MURRAY, DAVID W MD  
Address: 202 LAKE MIRIAM DRIVE, SUITE 1  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: MURRAY, DAVID W MD  
Address: 202 LAKE MIRIAM DRIVE, SOUTH - 1  
City-St-Zip: LAKELAND, FL 33813

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: DAVID W MURRAY

DR.

01/28/2009

Electronic Signature of Signing Officer or Director

Date