

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11275

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** LAKELAND DERMATOLOGY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0140094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MURRAY, DAVID W MD  
202 LAKE MIRIAM DRIVE  
SOUTH - 1  
LAKELAND, FL 33813 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: MD  
Name: MURRAY, DAVID W MD  
Address: 202 LAKE MIRIAM DRIVE, SOUTH - 1  
City-St-Zip: LAKELAND, FL 33813 US

Title: MRS  
Name: MURRAY, TAWNEY  
Address: 202 LAKE MIRIAM DRIVE S-1  
City-St-Zip: LAKELAND, FL 33813 US

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: TAWNEY MURRAY

MRS.

01/05/2011

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

\_\_\_\_\_  
Date