

L14520

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

REGISTERED AGENT CHANGE

ASSOCIATES IN DERMATOLOGY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2009 JUN 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Handwritten signature and date 6/25/09.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ASSOCIATES IN DERMATOLOGY, INC.
2. The principal office address: _____
725 E OAK ST KISSIMMEE FL 34744
3. The mailing address (if different): _____
PO BOX 692049 ORLANDO FL 32869 US
4. Date of incorporation/qualification: 9/6/1989 Document number: L14520
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

A.G.C. CO

200 S ORANGE AVE, STE 2300

ORLANDO FL 32802 US

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System

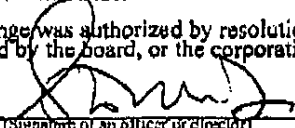
c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

William Steele President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity,
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

By: 

(Signature of Registered Agent)

6.25.2009
(Date)

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary
(Type or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2D045 (8/05)

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