

8/24/22, 3:43 PM

Division of Corporations

**M83305**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
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**REGISTERED AGENT CHANGE  
ACADEMIC ALLIANCE IN DERMATOLOGY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

AUG 24 2022

A. BUTLER  
AUG 25 2022

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# 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: Academic Alliance in Dermatology, Inc.
2. The principal office address: 5210 Webb Road, Tampa, FL 33615
3. The mailing address (if different): 1306 Concourse Drive, Suite 201, Linthicum Heights, MD 21090
4. Date of incorporation/qualification: 06/01/1988 Document number: M83305
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Vasiloudes, Panos

5210 Webb Road

Tampa, FL 33615

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

CT Corporation System


100 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 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

Don Borchert

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.



Signature of Registered Agent

08/24/2022

Date

If signing on behalf of an entity:

Sandra Zwirnack

Typed 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  
CR2EN45 (04/13)

SECRETARY OF STATE  
TALLAHASSEE, FL

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