

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009551

FILED
Mar 21, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF DERMATOLOGY PHYSICIAN ASSISTANTS, INC.

Current Principal Place of Business:

4730 N. HABANA AVE.
SUITE 300
TAMPA, FL 33614 US

New Principal Place of Business:

463 30TH STREET NORTH
ST. PETERSBURG, FL 33713 US

Current Mailing Address:

4730 N. HABANA AVE.
SUITE 300
TAMPA, FL 33614 US

New Mailing Address:

463 30TH STREET NORTH
ST. PETERSBURG, FL 33713 US

FEI Number: 72-3233295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, RANDY G
4730 N HABANA AVE.
SUITE 300
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

BANKS, RANDY G
463 30TH STREET NORTH
ST. PETERSBURG, FL 33713 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: _____

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BANKS, RANDY G
Address: 4730 N. HABANA AVE. SUITE 300
City-St-Zip: TAMPA, FL 33614 US

Title: VP () Delete
Name: BELLOMO, RISHA
Address: 2868 S. ALAFAYA TRAIL, SUITE 130
City-St-Zip: ORLANDO, FL 32825 US

Title: T () Delete
Name: SOTO, CASONDRA
Address: 6450 38TH AVE. NORTH, SUITE 420
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: S () Delete
Name: COLE, KIM
Address: 202 LAKE MIRIAM, S-1
City-St-Zip: LAKE LAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SOTO, CASONDRA
Address: 463 30TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASONDRA SOTO

SECR

03/21/2009

Electronic Signature of Signing Officer or Director

Date