

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009551

FILED
Feb 20, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

7432 SUNSHINE SKYWAY LANE
706
ST. PETERSBURG, FL 33711 US

Current Mailing Address:

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

New Mailing Address:

7432 SUNSHINE SKYWAY LANE
706
ST. PETERSBURG, FL 33711 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
463 30TH STREET NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

SOTO, CASONDRA A
7432 SUNSHINE SKYWAY LANE
706
ST. PETERSBURG, FL 33711 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: CASONDRA A SOTO

02/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: S
Name: COLE, KIM
Address: 202 LAKE MIRIAM, S-1
City-St-Zip: LAKE LAND, 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CASONDRA SOTO

MRS

02/20/2011

Electronic Signature of Signing Officer or Director

Date