2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2011
Secretary of State

DOCUMENT# N07000009551

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 72-3233295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTO, CASONDRA A
7432 SUNSHINE SKYWAY LANE
706
ST. PETERSBURG, FL 33711 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: P
Name: BANKS, RANDY G
Address: 12425 RIVERGLEN DRIVE
City-St-Zip: RIVERVIEW, FL 33569 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: 7432 SUNSHINE SKWAY LANE 706
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: S
Name: DELLACQUA, GINA
Address: 2774 VALERIA ROSE WAY
City-St-Zip: OCOEE, FL 34761 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 T 06/21/2011

Electronic Signature of Signing Officer or Director Date