

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000063425

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** DERMATOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

3670 INNOVATION DRIVE  
LAKELAND, FL 33812

**New Principal Place of Business:**

**Current Mailing Address:**

3670 INNOVATION DRIVE  
LAKELAND, FL 33812

**New Mailing Address:**

**FEI Number:** 59-3654135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YRASTORZA, DAVID G  
904 CAMELOT LANE  
LAKELAND, FL 33813 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: DR  
Name: YRASTORZA, DAVID G  
Address: 904 CAMELOT LANE  
City-St-Zip: LAKELAND, FL 33813

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

SIGNATURE: DAVID G. YRASTORZA

OWNE

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date