

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010412

FILED
Jun 23, 2009
Secretary of State

Entity Name: DERMATOLOGY INSTITUTE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

200 CAPRI ISLES BLVD
SUITE 7D
VENICE, FL 34292

New Principal Place of Business:

200 CAPRI ISLES BLVD.
SUITE 7D
VENICE, FL 34292

Current Mailing Address:

200 CAPRI ISLES BLVD
SUITE 7D
VENICE, FL 34292

New Mailing Address:

200 CAPRI ISLES BLVD.
SUITE 7D
VENICE, FL 34292

FEI Number: 65-1068530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREENBERG, ADAM S
1536 CARIBBEAN DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

LEFFERT, MITCHELL J
1023 MARLIN LAKES CIRCLE
1112
SARASOTA, FL 34232 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: MITCHELL J LEFFERT

06/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: GREENBERG, ADAM S
Address: 1536 CARIBBEAN DRIVE
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MITCHELL J LEFFERT

MR.

06/23/2009

Electronic Signature of Signing Officer or Director

Date