

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000010412

**FILED**  
**Mar 18, 2011**  
**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1068530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MILES, WILLIAM G  
2050 PROCTOR ROAD SUITE F  
SARASOTA, FL 34231 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: WILLIAM G MILES

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GREENBERG, ADAM S  
Address: 1536 CARIBBEAN DRIVE  
City-St-Zip: SARASOTA, FL 34231 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM GREENBERG

DR

03/18/2011

Electronic Signature of Signing Officer or Director

Date