

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028599

Entity Name: SUNNYCOAST DERMATOLOGY, INC.

FILED
Jan 07, 2006
Secretary of State

Current Principal Place of Business:

1850 43 AVE, STE C(4&5)
VERO BEACH, FL 32960

New Principal Place of Business:

1850 43RD AVENUE
SUITES C (4 & 5)
VERO BEACH, FL 32960

Current Mailing Address:

1850 43 AVE, STE C(4&5)
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-1088005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDOLPH, THEODOR M
5354 SE HORSESHOE POINT RD
STUART, FL 34997 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUDOLPH, THEODORE M
Address: 5354 SE HORSESHOE POINT RD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUDOLPH, THEODOR M
Address: 5354 SE HORSESHOE POINT RD
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODOR M. RUDOLPH, M.D.

D

01/07/2006

Electronic Signature of Signing Officer or Director

Date