

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000029310

1. Entity Name

ADVANCED DERMATOLOGY, P.A.



Principal Place of Business

1361 S. 13TH AVE
STE 180
JACKSONVILLE BEACH, FL 32250

Mailing Address

1361 S. 13TH AVE
STE 180
JACKSONVILLE BEACH, FL 32250

FILED
Feb 08, 2007 08:00 AM
Secretary of State



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3706134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000627153
02/15/07-80049-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHRISTINE, NG MD
STREET ADDRESS	1361 S. 13TH AVE. ATE 180
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
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STREET ADDRESS	1361 S. 13TH AVE, STE 180
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #