

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029310

FILED
Feb 14, 2011
Secretary of State

Entity Name: ADVANCED DERMATOLOGY, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3706134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF C. GUY BOND, P.A.
11512 LAKE MEAD AVE UNIT 303
JACKSONVILLE, FL 32256 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: P
Name: CHRISTINE, NG MD
Address: 1361 S. 13TH AVE. ATE 180
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S
Name: CHRISTINE, NG MD
Address: 1361 S. 13TH AVE, STE 180
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T
Name: CHRISTINE, NG MD
Address: 1361 S. 13TH AVE, STE 180
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CHRISTINE NG

DR.

02/14/2011

Electronic Signature of Signing Officer or Director

Date