

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098671

FILED
Jan 26, 2012
Secretary of State

Entity Name: VENICE DERMATOLOGY CLINIC, P.A.

Current Principal Place of Business:

716 THE RIALTO
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

716 THE RIALTO
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 65-1143063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, BRUCE MD
716 THE RIALTO
VENICE, FL 34285 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/D
Name: BOYD, BRUCE MD
Address: 716 THE RIALTO
City-St-Zip: VENICE, FL 34285 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: BRUCE BOYD, MD

P/D

01/26/2012

Electronic Signature of Signing Officer or Director

Date