

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034095

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** BRUCE PALEY DERMATOLOGY, INC.

**Current Principal Place of Business:**

1851 OLD MOULTRIE ROAD  
SUITE A  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2 CEDAR FORD CT  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 02-0583012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALEY, BRUCE G  
2 CEDAR FORD COURT  
PAL COAST, FL 32137 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: PRES  
Name: PALEY, BRUCE  
Address: 2 CEDAR FORD CT.  
City-St-Zip: PALM COAST, FL 32137

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: DR. BRUCE H. PALEY

PRES

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date