

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045414

FILED
Jul 10, 2008
Secretary of State

Entity Name: COAST DERMATOLOGY AND SKIN CANCER CENTER, P.A.

Current Principal Place of Business:

4130 WOODMERE PARK BLVD., #12
VENICE, FL 34293

New Principal Place of Business:

21550 ANGELA LANE
VENICE, FL 34293

Current Mailing Address:

4130 WOODMERE PARK BLVD., #12
VENICE, FL 34293

New Mailing Address:

21550 ANGELA LANE
VENICE, FL 34293

FEI Number: 04-3167022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEILY, ELIZABETH
7348 PALOMINO TRAIL
SARASOTA, FL 34241 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: PVST () Delete
Name: NEILY, JOHN GREGORY
Address: 7348 PALOMINO TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: NEILY, JOHN GREGORY
Address: 7348 PALOMINO TRAIL
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN GREGORY NEILY

PVST

07/10/2008

Electronic Signature of Signing Officer or Director

Date