

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079308

FILED
Apr 27, 2009
Secretary of State

Entity Name: DERMATOLOGY CENTER OF WELLINGTON, P.A.

Current Principal Place of Business:

3319 SOUTH STATE ROAD 7
WELLINGTON, FL 33414

New Principal Place of Business:

3319 SOUTH STATE ROAD 7
SUITE 110
WELLINGTON, FL 33449

Current Mailing Address:

3900 FIELDVIEW WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0094204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRONG, DANA J ESQ
3900 FIELDVIEW WAY
WELLINGTON, FL 33414 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: DR () Delete
Name: STRONG, LAWRENCE A
Address: 3900 FIELDVIEW WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAWRENCE STRONG

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04/27/2009

Electronic Signature of Signing Officer or Director

Date