

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039901

FILED
Apr 30, 2009
Secretary of State

Entity Name: DERMATOLOGY ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Current Principal Place of Business:

316 S BAYLEN ST STE 200
PENSACOLA, FL 32502

New Principal Place of Business:

4850 GRANDE DRIVE
PENSACOLA, FL 32504

Current Mailing Address:

316 S BAYLEN ST STE 200
PENSACOLA, FL 32502

New Mailing Address:

4850 GRANDE DRIVE
PENSACOLA, FL 32504

FEI Number: 54-2149912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, STEPHEN A JR.
316 S BAYLEN ST STE 200
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

WATSON, AMY P
4850 GRANDE DRIVE
PENSACOLA, FL 32504 US

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: AMY P WATSON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, AMY P M.D.
Address: 55 BIRDWHISTELL BLVD.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, AMY P M.D.
Address: 4850 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

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: AMY P WATSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date