

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068391

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** BAY POINTE DERMATOLOGY AND COSMETIC CENTER, P.A.

**Current Principal Place of Business:**

3850 BIRD AVENUE  
104  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

3850 BIRD AVENUE  
SUITE 104  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 20-2813816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIMA-MARIBONA, JANICE  
1534 BLUE ROAD  
CORAL GABLES, FL 33146 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: D  
Name: LIMA-MARIBONA, JANICE  
Address: 1534 BLUE ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D  
Name: LIMA-MARIBONA, JANICE  
Address: 3850 SW BIRD ROAD  
City-St-Zip: MIAMI, FL 33146

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: JANICE LIMA-MARIBONA

DR.

03/20/2012

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

\_\_\_\_\_  
Date