

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000069433

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN DERMATOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

5741 BEE RIDGE RD.  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14253  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 25-2255307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRENT, JENNIFER  
5741 BEE RIDGE RD.  
SARASOTA, FL 34233 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: P  
Name: TRENT, JENNIFER  
Address: 218B JUPITER ST.  
City-St-Zip: JUPITER, FL 33458

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: JENNIFER TRENT

P

04/13/2012

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

\_\_\_\_\_  
Date