

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000072518

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** THE DERMATOLOGY CLINIC OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

773 4TH AVE N SUITE A  
NAPLES, FL 34102 US

**New Principal Place of Business:**

694 8TH ST NORTH  
NAPLES, FL 34102 US

**Current Mailing Address:**

773 4TH AVE N SUITE A  
NAPLES, FL 34102 US

**New Mailing Address:**

694 8TH ST NORTH  
NAPLES, FL 34102 US

**FEI Number:** 20-2948994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIKESH, LINDA A  
550 NE 25TH AVENUE  
OCALA, FL 34470 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: MIKESH, CAREN F  
Address: 694 8TH ST NORTH  
City-St-Zip: NAPLES, FL 34102 US

Title: T  
Name: MIKESH, LINDA A  
Address: 694 8TH ST NORTH  
City-St-Zip: NAPLES, FL 34102

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: CAREN MIKESH, MD

MGR

01/31/2011

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

\_\_\_\_\_  
Date