

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000089020

1. Entity Name
DERMATOLOGY & DERMASURGERY OF NAPLES, P.A.



Principal Place of Business
1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

Mailing Address
1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

pd 3081 \$0 1/14/08

FILED

Jan 17, 2008 08:00 AM
Secretary of State



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3029576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WALTZER, JOEL F
STREET ADDRESS	1108 GOODLETTE ROAD
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000787125
01/17/08-80071-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

239-434-0303

Daytime Phone #