2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P05000089020

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

Current Principal Place of Business:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

Current Mailing Address:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Mailing Address:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102 US

FEI Number: 20-3029576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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: PST
Name: WALTZER, JOEL F
Address: 1108 GOODLETTE ROAD
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: JOEL WALTZER PST 02/16/2011
Electronic Signature of Signing Officer or Director Date