

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 011 ***150.00

DOCUMENT # P05000100593
 1. Entity Name
 FLORIDA DERMATOLOGIC SURGERY AND AESTHETICS
 INSTITUTE, PA



Principal Place of Business: OAKLAND HILLS PROFESSIONAL CENTER, STE 204 13940 US 441, THE VILLAGES, FL 32159
 Mailing Address: OAKLAND HILLS PROFESSIONAL CENTER, STE 204 13940 US 441, THE VILLAGES, FL 32159

50000416

2. Principal Place of Business - No P.O. Box #: 11950 CR 101
 3. Mailing Address: 11950 CR 101

Suite, Apt. #, etc.: Suite 203

City & State

Zip Country



03112008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3157425
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HASSANEIN, ASHRAF M, OAKLAND HILLS PROFESSIONAL CENTER, STE 204 13940 US 441, THE VILLAGES, FL 32159
 7. Name and Address of New Registered Agent: N/A

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] Ashraf HASSANEIN 3/11/08
 DATE: 3/11/08

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	NAME: HASSANEIN, ASHRAF M	TITLE:	NAME:
STREET ADDRESS: 9422 SW 126TH ST	CITY-ST-ZIP: ARCHER, FL 32018	STREET ADDRESS:	CITY-ST-ZIP:
	1572 Sherbrook Dr, Clermont, FL 34711		

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] Ashraf HASSANEIN
 DATE: 3/11/08
 TELEPHONE: 352 430 2580