

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000100593

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA DERMATOLOGIC SURGERY AND AESTHETICS INSTITUTE, PA

**Current Principal Place of Business:**

11950 CR 101  
STE 203  
THE VILLAGES, FL 32159

**New Principal Place of Business:**

**Current Mailing Address:**

11950 CR 101  
STE 203  
THE VILLAGES, FL 32159

**New Mailing Address:**

**FEI Number:** 20-3157425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASSANEIN, ASHRAF M  
11950 CR 101 #203  
THE VILLAGES, FL 32162 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: DR  
Name: HASSANEINR, ASHRAF M  
Address: 1572 SHERBROOK DR  
City-St-Zip: CLERMONT, FL 34711

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: ASHRAF HASSANEIN

DR

01/18/2012

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

\_\_\_\_\_  
Date