

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000113562

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE DERMATOPATHOLOGY, PA

**Current Principal Place of Business:**

101 DOCKSIDE CIRCLE  
WESTON, FL 33327

**New Principal Place of Business:**

ONE NORTH OCEAN BLVD #806  
POMPAÑO BEACH, FL 33062

**Current Mailing Address:**

101 DOCKSIDE CIRCLE  
WESTON, FL 33327

**New Mailing Address:**

ONE NORTH OCEAN BLVD #806  
POMPAÑO BEACH, FL 33062

**FEI Number:** 20-3308307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHEN, LING  
101 DOCKSIDE CIRCLE  
WESTON, FL 33327 US

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

CHEN, LING  
ONE NORTH OCEAN BLVD # 806  
POMPAÑO BEACH, FL 33062 US

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

01/10/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHEN, LING  
Address: ONE NORTH OCEAN BLVD # 806  
City-St-Zip: POMPAÑO BEACH, FL 33062

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: LING CHEN

PRES

01/10/2012

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

\_\_\_\_\_  
Date