2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# P05000154118

Entity Name: DERMATOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

3000 SW 148TH AVE.
#250
MIRAMAR, FL 33027

New Principal Place of Business:

601 N. FLAMINGO RD SUITE 108
#108
PEMBROKE PINES, FL 33028

Current Mailing Address:

3019 JUNIPER LANE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-3855831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, JOSE
3019 JUNIPER LANE
DAVIE, FL 33330 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DO ( ) Delete
Name: MENDEZ, JOSE
Address: 3019 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

Title: RN ( ) Delete
Name: MENDEZ, KATHERINE
Address: 3019
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE MENDEZ DO 01/17/2009
Electronic Signature of Signing Officer or Director Date