

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064859

FILED
Feb 15, 2007
Secretary of State

Entity Name: GULF COAST DERMATOLOGY, PA

Current Principal Place of Business:

11111 PANAMA CITY BEACH PARKWAY
SUITE 134
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

11111 PANAMA CITY BEACH PARKWAY
SUITE 134
PANAMA CITY BEACH, FL 32407

New Mailing Address:

PO BOX 18977
PANAMA CITY BEACH, FL 32417

FEI Number: 20-4857035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, JON R
11111 PANAMA CITY BEACH PKWY
PANAMA CITY, FL 32407 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: PST () Delete
Name: WARD, JON R
Address: 11111 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM MILLER

MGR

02/15/2007

Electronic Signature of Signing Officer or Director

Date