2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# P06000064859

Entity Name: GULF COAST DERMATOLOGY, PA

Current Principal Place of Business:

2420 JENKS AVE
SUITE C1
PANAMA CITY, FL 32405

New Principal Place of Business:

2505 HARRISON AVE
PANAMA CITY, FL 32405

Current Mailing Address:

2420 JENKS AVE
SUITE C1
PANAMA CITY, FL 32405

New Mailing Address:

2505 HARRISON AVE
PANAMA CITY, FL 32405

FEI Number: 20-4857035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARD, JON R
2420 JENKS AVE
SUITE C1
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

WARD, JON R
2505 HARRISON AVE
PANAMA CITY, FL 32405 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: JON R WARD, MD 04/05/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST
Name: WARD, JON R
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: VP
Name: STICKLER, MICHAEL A
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR
Name: VAZANA, CARI A
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR
Name: ROSS, HANNAH
Address: 2505 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

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: JON R WARD, MD PST 04/05/2010
Electronic Signature of Signing Officer or Director Date