## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000064862

FILED Feb 20, 2011 Secretary of State

Entity Name: ADVANCED DERMATOLOGIC & COSMETIC INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

90 CYPRESS WAY EAST SUITE 50 NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

90 CYPRESS WAY EAST, SUITE 50 90 CYPRESS WAY EAST SUITE 50 SUITE 50 NAPLES, FL 34110 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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 Date

## **OFFICERS AND DIRECTORS:**

Title: I

Name: PRODANOVIC, SRDAN

Address: 90 CYPRESS WAY EAST SUITE 50

City-St-Zip: NAPLES, FL 34110

Title:

Name: PRODANOVIC, SRDAN

Address: 90 CYPRESS WAY EAST SUITE 50

City-St-Zip: NAPLES, FL 34110

Title: T

Name: PRODANOVIC, SRDAN

Address: 90 CYPRESS WAY EAST SUITE 50

City-St-Zip: NAPLES, FL 34110

Title: D

Name: PRODANOVIC, SRDAN

Address: 90 CYPRESS WAY EAST SUITE 50

City-St-Zip: NAPLES, FL 34110

Title: \

Name: PRODANOVICH, NATASA

Address: 90 CYPRESS WAY EAST SUITE 50

City-St-Zip: NAPLES, FL 34110

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: SRDJAN PRODANOVICH P 02/20/2011