

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90066 023 ***150.00

40024234



01242007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5577462** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DOCUMENT # P06000118246

1. Entity Name
**SKIN HEALTH CENTER, DERMATOLOGY AND MOHS
SURGERY, PA**



Principal Place of Business Mailing Address
**804 137TH STREET, NE 804 137TH STREET, NE
BRADENTON, FL 34212 BRADENTON, FL 34212**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3231 GULF GATEDR

Suite, Apt. #, etc. Suite, Apt. #, etc.
202

City & State City & State
SARASOTA, FL

Zip Country Zip Country
34231

6. Name and Address of Current Registered Agent
**URATO, NADIA SATYA
804 137TH STREET, NE
BRADENTON, FL 34212**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URATO, NADIA SATYA 804 137TH STREET, NE BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nadia Satya Urato **1/26/07** **941-744-5947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #