

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000118246

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3231 GULF GATE DR., STE 105  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

3231 GULF GATE DR., STE 105  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 20-5577462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URATO, NADIA SATYA  
804 137TH STREET, NE  
BRADENTON, FL 34212 US

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

URATO, NADIA SATYA  
1715 NORTH LAKESHORE DRIVE  
SARASOTA, FL 34231 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

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: URATO, NADIA SATYA  
Address: 3231 GULF GATE DR., STE 105  
City-St-Zip: SARASOTA, FL 34231

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: NADIA SATYA URATO

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date