

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000118246

**FILED**  
**Aug 22, 2012**  
**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:**

2505 HARRISON AVE  
PANAMA CITY, FL 32045

**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  
1715 NORTH LAKESHORE DRIVE  
SARASOTA, FL 34231 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

08/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
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

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

P

08/22/2012

Electronic Signature of Signing Officer or Director

Date