

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138084

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: WINTER HAVEN DERMATOLOGY, P.A.

**Current Principal Place of Business:**

560 AVE. K., S.E.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

560 AVE. K., S.E.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

FEI Number: 20-5821881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVA, STEPAN  
560 AVE. K., S.E.  
WINTER HAVEN, FL 33880 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: OLIVA, STEPAN  
Address: 560 AVE K SE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPAN OLIVA

MR

01/07/2008

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

\_\_\_\_\_  
Date