2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P07000047138

Entity Name: DERMATOLOGY CENTER OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

2231 STOTESBURY WAY
WELLINGTON, FL 33414 US

New Principal Place of Business:

5808 JOG ROAD
LAKE WORTH, FL 33467 US

Current Mailing Address:

2231 STOTESBURY WAY
WELLINGTON, FL 33414 US

New Mailing Address:

5808 JOG ROAD
LAKE WORTH, FL 33467 US

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

Name and Address of Current Registered Agent:

SHECTER, ROBIN I
2231 STOTESBURY WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SHECTER, ROBIN I
5808 JOG ROAD
LAKE WORTH, FL 33467 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: ROBIN SHECTER 06/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SHECTER, ROBIN I
Address: 2231 STOTESBURY WAY
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SHECTER, ROBIN I
Address: 5808 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

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: ROBIN SHECTER PST 06/16/2009
Electronic Signature of Signing Officer or Director Date