2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# P07000062939

Entity Name: OCEANSIDE DERMATOLOGY P.A.

Current Principal Place of Business:

3385 BURNS ROAD
101
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3385 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 83-0502082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FATON, KURTI
3385 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

HERNE, KATHLEEN
3385 BURNS ROAD
PALM BEACH GARDENS, FL 33410 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: KATHLEEN HERNE, M.D. 05/07/2009
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: PRES ( ) Delete
Name: KURTI, FATON
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TRES ( ) Delete
Name: KURTI, FATON
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SECT ( ) Delete
Name: HERNE, KATHLEEN
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DIR ( ) Delete
Name: HERNE, KATHLEEN
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HERNE, KATHLEEN
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TRES (X) Change ( ) Addition
Name: HERNE, KATHLEEN
Address: 3385 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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

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: KATHLEEN HERNE DIR 05/07/2009
Electronic Signature of Signing Officer or Director Date