2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2011
Secretary of State

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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:

HERNE, KATHLEEN
3385 BURNS ROAD
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

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

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

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

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

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: KATHLEEN B. HERNE, M.D. MD 06/14/2011

Electronic Signature of Signing Officer or Director Date