

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103130

FILED
Jan 05, 2009
Secretary of State

Entity Name: ACUTE DERMATOLOGY CLINIC, P.A.

Current Principal Place of Business:

9400 GLADIOLUS DR
SUITE 320
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

155 FANTAIL CT
BRUNSWICK, GA 31525

New Mailing Address:

2310 SE 15TH PL
CAPE CORAL, FL 33990

FEI Number: 26-1129658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINH, LE A
9400 GLADIOLUS DR.
SUITE 320
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

LE, VINH A
2310 SE 15TH PL
CAPE CORAL, FL 33990 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: VINH A LE

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: VU, CHAU P
Address: 155 FANTAIL CT
City-St-Zip: BRUNSWICK, GA 31525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: VU, CHAU P D.O
Address: 2310 SE 15TH PL
City-St-Zip: CAPE CORAL, FL 33990 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: CHAU P VU

PST

01/05/2009

Electronic Signature of Signing Officer or Director

Date