

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103130

**FILED**  
**Jan 13, 2010**  
**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:**

2310 SE 15TH PL  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 26-1129658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LE, VINH A  
2310 SE 15TH PL  
CAPE CORAL, FL 33990 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: PST  
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 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: CHAU P VU

PRES

01/13/2010

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

\_\_\_\_\_ Date