

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111221

FILED
Apr 15, 2008
Secretary of State

Entity Name: BAY HARBOR DERMATOLOGY AND COSMETIC CENTER, PA

Current Principal Place of Business:

9528 HARDING AVE
SURFSIDE, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

5721 NE 27 AVE
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 26-1214872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPLIK, IGOR
5721 NE 27 AVE
FT LAUDERDALE, FL 33308 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: P () Delete
Name: CHAPLIK, IGOR
Address: 2117 NE 27 AVE
City-St-Zip: FT LAUDERDALE, FL 33305

Title: P () Delete
Name: GREEN, JASON
Address: 5353 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IGOR CHAPLIK

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04/15/2008

Electronic Signature of Signing Officer or Director

Date