2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016795

FILED Apr 21, 2009 Secretary of State

Entity Name: AVENTURA DERMATOLOGY AND COSMETIC CENTER, P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 500	27 COURT A, FL 33180				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 500	27 COURT A, FL 33180				
FEI Number:	26-1973079	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
CHAPLIK, 5721 NE 2 FT LAUDE		3308 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CHAPLIK, IGOF 2117 NE 18 AV WILTON MANO	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () GREEN, JASON 5721 NE 27 AV FT LAUDERDAI	Ε	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 P 04/21/2009