

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016795

FILED  
Apr 04, 2010  
Secretary of State

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

**Current Principal Place of Business:**

21097 NE 27 COURT  
SUITE 500  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21097 NE 27 COURT  
SUITE 500  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-1973079

**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  
Name: CHAPLIK, IGOR  
Address: 2117 NE 18 AVE  
City-St-Zip: WILTON MANORS, FL 33305

Title: P  
Name: GREEN, JASON  
Address: 5721 NE 27 AVE  
City-St-Zip: FT LAUDERDALE, FL 33308

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: IGOR CHAPLIK

P

04/04/2010

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

\_\_\_\_\_  
Date