

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000029426

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** PALM HARBOR DERMATOLOGY, P.A.

**Current Principal Place of Business:**

4197 WOODLANDS PARKWAY, 2ND FLOOR  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

4197 WOODLANDS PARKWAY, 2ND FLOOR  
PALM HARBOR, FL 34685

**New Mailing Address:**

**FEI Number:** 26-2291600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

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

ROSS, AMY S MD  
4197 WOODLANDS PKWY  
2ND FLOOR  
PALM HARBOR, FL 34683 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: AMY S ROSS

04/27/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD ( ) Change (X) Addition  
Name: ROSS, AMY S  
Address: 4197 WOODLANDS PKWY, 2ND FLOOR  
City-St-Zip: PALM HARBOR, FL 34685

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: AMY S ROSS

MD

04/27/2009

Electronic Signature of Signing Officer or Director

Date