

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042317

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** ARMSTRONG DERMATOLOGY AND SKIN CANCER CENTER P.A.

**Current Principal Place of Business:**

9170 OAKHURST ROAD STE 1  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

9170 OAKHURST ROAD STE 1  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 22-3978937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

ARMSTRONG, JAMES F  
9170 OAKHURST ROAD  
SUITE 1A  
SEMINOLE, FL 33776 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:** JAMES F. ARMSTRONG

01/06/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** DPV  
**Name:** ARMSTRONG, FRANK T  
**Address:** 9170 OAKHURST ROAD STE 1  
**City-St-Zip:** SEMINOLE, FL 33776

**Title:** ST  
**Name:** ARMSTRONG, FRANK T  
**Address:** 9170 OAKHURST ROAD STE 1  
**City-St-Zip:** SEMINOLE, FL 33776

**Title:** MGR  
**Name:** ARMSTRONG, JAMES F  
**Address:** 9170 OAKHURST ROAD  
**City-St-Zip:** SEMINOLE, FL 33776 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:** JAMES F. ARMSTRONG

MGR

01/06/2010

Electronic Signature of Signing Officer or Director

Date