2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

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Entity Name: MACINNIS DERMATOLOGY, P.A.

Current Principal Place of Business:

4121 CORLEY ISLAND ROAD SUITE 501 & 600
LEESBURG, FL 34748

New Principal Place of Business:

4120 CORLEY ISLAND ROAD SUITE 600
LEESBURG, FL 34748

Current Mailing Address:

4121 CORLEY ISLAND ROAD SUITE 501 & 600
LEESBURG, FL 34748

New Mailing Address:

4120 CORLEY ISLAND ROAD SUITE 600
LEESBURG, FL 34748

FEI Number: 27-0710358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACINNIS, COLLEEN MD
4121 CORLEY ISLAND ROAD SUITE 501 & 600
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

MACINNIS, COLLEEN MD
4120 CORLEY ISLAND ROAD SUITE 600
LEESBURG, FL 34748 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: COLLEEN MACINNIS, M.D. 04/05/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: MACINNIS, COLLEEN M.D.
Address: 4120 CORLEY6 ISLAND ROAD, SUITE 600
City-St-Zip: LEESBURG, FL 34748

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: COLLEEN MACINNIS, M.D. D 04/05/2010
Electronic Signature of Signing Officer or Director Date