

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000096925

FILED
Jan 23, 2011
Secretary of State

Entity Name: THE AMERICAN BOARD OF DERMATOLOGY NURSE PRACTITIONER CERTIFICATION INC.

Current Principal Place of Business:

445 S. 12TH ST.
#1501
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

445 S. 12TH ST.
#1501
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHELBY, DEBRA M
445 S. 12TH ST
#1501
TAMPA, FL FL 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

OFFICERS AND DIRECTORS:

Title: P
Name: SHELBY, DEBRA M
Address: 445 S. 12TH ST.#1501
City-St-Zip: TAMPA, FL 33602

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: DEBRA M SHELBY

P

01/23/2011

Electronic Signature of Signing Officer or Director

Date