

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000051871

**FILED**  
**Nov 10, 2012**  
**Secretary of State**

**Entity Name:** WEATHERALL DERMATOLOGY, P.A.

**Current Principal Place of Business:**

7284 WEST PALMETTO PARK ROAD  
SUITE 105  
BOCA RATON, FL 33433

**New Principal Place of Business:**

6877 SW 18 STREET  
SUITE H201  
BOCA RATON, FL 33433

**Current Mailing Address:**

7284 WEST PALMETTO PARK ROAD  
SUITE 105  
BOCA RATON, FL 33433

**New Mailing Address:**

6877 SW 18 STREET  
SUITE H201  
BOCA RATON, FL 33433

**FEI Number:** 45-2441951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIRIUS HOLDINGS, LLC  
7284 PALMETTO PARK ROAD WEST  
SUITE 105  
BOCA RATON, FL 33433 US

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

WEATHERALL, ANGELA G  
6877 SW 18 STREET  
H201  
BOCA RATON, FL 33433 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: ANGELA WEATHERALL

11/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEATHERALL, ANGELA G  
Address: 6877 SW 18 STREET SUITE H201  
City-St-Zip: BOCA RATON, FL 33433

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: ANGELA WEATHERALL

P

11/10/2012

Electronic Signature of Signing Officer or Director

Date