

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000095389

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SKIN DERMATOLOGY AND COSMETIC SERVICES, P.A.

**Current Principal Place of Business:**

865 CRESTON DRIVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

451 MAITLAND AVE  
MAITLAND, FL 32701

**Current Mailing Address:**

865 CRESTON DRIVE  
MAITLAND, FL 32751

**New Mailing Address:**

5519 AVENUE DU SOLEIL W  
LUTZ, FL 33558

FEI Number: 45-3732466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARCI, JAMES E  
4044 COMMERCIAL WAY  
SPRING HILL, FL 34606 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: WHEELER, ROSS C  
Address: 5519 AVENUE DU SOLEIL W  
City-St-Zip: LUTZ, FL 33559

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: ROSS C WHEELER M.D.

P

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date