

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030360

FILED
Feb 21, 2011
Secretary of State

Entity Name: OCALA DERMATOLOGY AND SKIN CANCER CENTER, P.A.

Current Principal Place of Business:

3233 SW 33RD RD
#101
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

3233 SW 33RD RD
#101
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3238249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, KATHRYN B
3233 SW 33RD RD
#101
OCALA, FL 34474 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: HOLLOWAY, KATHRYN B MD
Address: 3233 SW 33RD ROAD, #101
City-St-Zip: OCALA, FL 34474

Title: VP
Name: BARTON, PHILIP MD
Address: 3233 SW 33RD ROAD, #101
City-St-Zip: OCALA, FL 34474

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: KATHRYN B HOLLOWAY

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date