

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088000

FILED
Apr 26, 2007
Secretary of State

Entity Name: BAY DERMATOLOGY & COSMETIC SURGERY, P.A.

Current Principal Place of Business:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3282073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RICHARD A
8220 US 19 NORTH
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, RICHARD A
Address: 8220 U.S. 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: KRUTHCHIK, MICHAEL E
Address: 8220 U.S. HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: DORTON, DAVID W
Address: 8220 U.S. HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: ESGUERRA, DAVID
Address: 8220 U.S. HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ARMSTRONG, FRANK T
Address: 8220 U.S. HWY 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD A. MILLER

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date