

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000018927

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** DERMATOLOGY OF SUN CITY, P.A.

**Current Principal Place of Business:**

6020 STATE RD. 674  
SUN CITY CENTER, FL 33570

**New Principal Place of Business:**

6020 STATE RD. 674  
SUN CITY CENTER, FL 33570 US

**Current Mailing Address:**

2919 26TH ST. WEST  
BRADENTON, FL 34205

**New Mailing Address:**

2919 26TH ST. WEST  
BRADENTON, FL 34205 US

**FEI Number:** 65-0568406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAWITZ, JACK C  
2919 26TH ST W.  
BRADENTON, FL 34205 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: P  
Name: JAWITZ, JACK C  
Address: 2919 26TH ST W.  
City-St-Zip: BRADENTON, FL 34205 US

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: JACK C. JAWITZ

P

03/03/2010

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

\_\_\_\_\_ Date