

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000017638

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** HELLER DERMATOLOGY CENTER, P.A.

**Current Principal Place of Business:**

511 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

511 N CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 59-3438681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNEY, KEVIN I  
2631 NW 41ST STREET STE B-2  
GAINESVILLE, FL 32606 US

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

HELLER, JEFFREY J  
511 N. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 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: JEFFREY J. HELLER

10/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: HELLER, JEFFREY J  
Address: 37 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 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: JEFFREY J. HELLER

PRES

10/04/2010

Electronic Signature of Signing Officer or Director

Date