2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# P97000021365

Entity Name: ADVANCED DERMATOLOGY MANAGEMENT, INC.

Current Principal Place of Business:

1111 PARK CENTRE BLVD
STE #300
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1111 PARK CENTRE BLVD
STE #300
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: 65-0734508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGENER, DAVID
1111 PARK CENTRE BLVD
STE #300
MIAMI, FL 33169 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: D
Name: GREENE, RICHARD MD
Address: 1111 PARK CENTER BLVD, STE 300
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: D
Name: NESTOR, MARK S MD, PHD
Address: 1111 PARK CENTER BLVD, STE 300
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: D
Name: WAGENER, DAVID
Address: 1111 PARK CENTER BLVD, STE 300
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: D
Name: WILENTZ, JOEL
Address: 1111 PARKCENTER BLVD, SUITE 300
City-St-Zip: MIAMI GARDENS, FL 33169 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: DAVID WAGENER D 03/31/2011

Electronic Signature of Signing Officer or Director Date