

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035612

FILED
Mar 21, 2009
Secretary of State

Entity Name: DERMATOLOGY AND SKIN SURGERY CENTER, P.A.

Current Principal Place of Business:

410 CELEBRATION PLACE
SUITE 301
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470396
CELEBRATION, FL 347470396

New Mailing Address:

FEI Number: 59-3503727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODLESS, DEAN R
410 CELEBRATION PLACE
SUITE 301
CELEBRATION, FL 347474678 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: PVST () Delete
Name: GOODLESS, DEAN R
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 347474678

Title: D () Delete
Name: GOODLESS, DEAN R
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 347474678

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DEAN R GOODLESS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date