

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000081206

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC BOULEVARD DERMATOLOGY INC.

**Current Principal Place of Business:**

13111 ATLANTIC BLVD., #4  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

2295 OCEAN SIDE CT  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-3537306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORELLO, JOHN  
2295 OCEANSIDE COURT  
ATLANTIC BEACH, FL 32233 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: PTD  
Name: MORELLO, JOHN  
Address: 2295 OCEAN SIDE CT  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: JOHN MORELLO

PTD

04/22/2011

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

\_\_\_\_\_  
Date