

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105554

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE DERMATOLOGY AND LASER CENTER, INC.

**Current Principal Place of Business:**

2467 ENTERPRISE RD  
SUITE A  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2467 ENTERPRISE RD  
SUITE A  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 59-3546644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROPER, SUSAN S  
2284 EDYTHE DRIVE  
DUNEDIN, FL 34698 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: P  
Name: ROPER, SUSAN  
Address: 2284 EDYTHE DR  
City-St-Zip: DUNEDIN, FL 34698

Title: S  
Name: POWERS, KAREN  
Address: 1452 NOELL BLVD  
City-St-Zip: PALM HARBOR, FL 34683

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: KAREN H POWERS

SEC.

01/14/2011

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

\_\_\_\_\_  
Date