

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90013 036 ***150.00

DOCUMENT # P99000055624

1. Entity Name
GAINESVILLE DERMATOLOGY & SKIN SURGERY, P.A.



Principal Place of Business
**114 NW 76TH DRIVE
GAINESVILLE, FL 32607**

Mailing Address
**114 NW 76TH DRIVE
GAINESVILLE, FL 32607**

40061000



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AULISIO, ANTHONY
114 N W76TH DRIVE
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AULISIO, ANTHONY
STREET ADDRESS	114 NW 76TH DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	WHITMER, KEITH
STREET ADDRESS	114 NW 76TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	WHITMER, MIRANDA
STREET ADDRESS	114 NW 76TH DR
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 **3523324442**
Date Daytime Phone #