

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453705

Entity Name: DERMATOLOGY CONSULTANTS OF SOUTH FLORIDA, P.A.**Current Principal Place of Business:**3000 UNIVERSITY DRIVE
SUITE K
CORAL SPRINGS, FL 33065**Current Mailing Address:**3000 UNIVERSITY DRIVE
SUITE K
CORAL SPRINGS, FL 33065**FEI Number: 59-1531705****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KROLL, JEFFREY J.
3000 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US*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**Officer/Director Detail :**

Title	MGMR
Name	KROLL, JEFFREY J
Address	3000 UNIVERSITY DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SEC
Name	ENGELMAN, MICHAEL M
Address	3000 UNIVERSITY DR SUITE K
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREA
Name	SALEEBY, ELI R
Address	3000 UNIVERSITY DR #K
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	DUBNER, BARRY H
Address	3000 UNIVERSITY DR #K
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	SARKELL, BARRY H
Address	3000 UNIVERSITY DR #K
City-State-Zip:	CORAL SPRINGS FL 33065

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: JEFFREY KROLL**PRESIDENT****03/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date