

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 545545

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC1837249991**

**Entity Name:** MELBOURNE DERMATOLOGY CENTER - STEPHEN HORNELL,  
M.D., P.A.

**Current Principal Place of Business:**

333 E. SHERIDAN ROAD  
MELBOURNE, FL 32901

**Current Mailing Address:**

333 E. SHERIDAN ROAD  
MELBOURNE, FL 32901

**FEI Number: 59-1761147**

**Certificate of Status Desired: No**

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

HORNELL, STEPHEN  
106 SOUTHGATE BLVD.  
MELBOURNE, FL 32901 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	PD	Title	SD
Name	HORNELL, STEPHEN	Name	HORNELL, PAMELA
Address	333 E. SHERIDAN RD.	Address	106 SOUTHGATE BLVD.
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901

*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: STEPHEN HORNELL

PRESIDENT

01/13/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date