

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 686082

**FILED
Oct 14, 2016
Secretary of State
CC2783795340**

Entity Name: FIRST COAST DERMATOLOGY, P.A.

Current Principal Place of Business:

4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217

Current Mailing Address:

4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217

FEI Number: 59-2017524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, EDWARD W.P.
4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217 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 MD
Name SMITH, EDWARD W P
Address 4479 BAYMEADOWS ROAD
City-State-Zip: JACKSONVILLE FL 32217

Title VP, DIRECTOR
Name ROSARIO, JUAN
Address 4479 BAYMEADOWS RD
City-State-Zip: JACKSONVILLE FL 32217

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: EDWARD C. AKEL

ATTORNEY

10/14/2016

Electronic Signature of Signing Officer/Director Detail

Date