

**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