

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 686082

**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:**

ROSARIO, JUAN  
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: JUAN ROSARIO**

**03/14/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, 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: JUAN ROSARIO**

**PRESIDENT**

**03/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date