

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86138

Entity Name: THE DERMATOLOGY GROUP, P.A.**Current Principal Place of Business:**515 WEST SR 434
SUITE #210
LONGWOOD, FL 32750**Current Mailing Address:**515 WEST SR 434
SUITE #210
LONGWOOD, FL 32750 US**FEI Number:** 59-2198263**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GREENWALD, JEFFREY S., M.D.
515 WEST SR 434
SUITE #210
LONGWOOD, FL 32750 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
Name GREENWALD, JEFFREY S
Address 104 BLUE LAKE CT.
City-State-Zip: LONGWOOD FL 32779Title VD
Name HENNER, MICHAEL S
Address 1148 KEYES AVE
City-State-Zip: WINTER PARK FL 32789Title SD
Name DEMETRIUS, ROBERT W
Address 281 KIPLING COURT
City-State-Zip: LAKE MARY FL 32746Title TD
Name OGBURIA, KEMKA S
Address 13125 BELLARIA CIRCLE
City-State-Zip: WINDERMERE FL 34786Title ASSISTANT SECRETARY, DIRECTOR
Name KATHLEEN , ZENDELL B DR.
Address 1637 KERSLEY CIRCLE
City-State-Zip: LAKE MARY FL 32746Title ASSISTANT VICE PRESIDENT,
DIRECTOR
Name MELIA HOLT, MD
Address 2210 CADY WAY
City-State-Zip: WINTER PARK FL 32792Title ASSISTANT TREASURER, DIRECTOR
Name SAQIB AHMED, MD
Address 4546 LOWER PARK ROAD
City-State-Zip: ORLANDO FL 32814

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 S GREENWALD, MD

PRESIDENT, DIRECTOR

04/12/2023

Electronic Signature of Signing Officer/Director Detail_____
Date