

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86138

Entity Name: THE DERMATOLOGY GROUP, P.A.**Current Principal Place of Business:**521 W. SR 434, STE. 202
LONGWOOD, FL 32750**Current Mailing Address:**521 W. SR 434, STE. 202
LONGWOOD, FL 32750 UN**FEI Number: 59-2198263****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GREENWALD, JEFFREY S., M.D.
521 W. SR 434
SUITE 202
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 DP
Name GREENWALD, JEFFREY S
Address 104 BLUE LAKE CT.
City-State-Zip: LONGWOOD FL 32779Title DAS
Name DEMETRIUS, ROBERT W
Address 281 KIPLING COURT
City-State-Zip: LAKE MARY FL 32746Title DVP
Name HENNER, MICHAEL S
Address 1148 KEYES AVE
City-State-Zip: WINTER PARK FL 32789Title DAT
Name OGBURIA, KEMKA S
Address 13125 BELLARIA CIRCLE
City-State-Zip: WINDERMERE FL 34786

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, M.D.**DP****02/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date