

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64028

Entity Name: DERMATOLOGY ASSOCIATES OF TALLAHASSEE, P.A.**Current Principal Place of Business:**1707 RIGGINS RD
TALLAHASSEE, FL 32308**Current Mailing Address:**P O BOX 13859
TALLAHASSEE, FL 32317 US**FEI Number: 59-2524839****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COGNETTA, ARMAND B, MD
1707 RIGGINS RD
TALLAHASSEE, FL 32308 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:** ARMAND B COGNETTA, MD

04/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PT
Name ARMAND B. COGNETTA, MD
Address 1707 RIGGINS RD
City-State-Zip: TALLAHASSEE FL 32308

Title VPT
Name BHAVIK P SONI, MD
Address 1714 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY
Name STEPHEN K RICHARDSON, MD
Address 1714 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title TREASURER
Name DAVID J DOLSON, MD
Address 1714 MAHAN CENTER BLVD
City-State-Zip: TALLAHASSEE FL 32308

Title ASST. SECRETARY
Name MARC J. INGLESE, MD
Address P O BOX 13859
City-State-Zip: TALLAHASSEE FL 32317

Title ASST. TREASURER
Name OKANTA B. JACKSON, MD
Address P O BOX 13859
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name W. HARRIS GREEN, MD
Address 1707 RIGGINS RD
City-State-Zip: TALLAHASSEE FL 32308

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: ARMAND B COGNETTA, MD

PRESIDENT

04/10/2020

Electronic Signature of Signing Officer/Director Detail

Date