2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2019
Secretary of State
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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: No

Name and Address of Current Registered Agent:

COGNETTA, ARMAND BMD
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:

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	GORDON J. LOW, MD
Address	1714 MAHAN CENTER BLVD
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	BHAVIK P. SONI, MD
Address	1707 RIGGINS ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER
Name	STEPHEN K. RICHARDSON, MD
Address	1714 MAHAN CENTER BLVD
City-State-Zip:	TALLAHASSEE FL 32309

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

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

Title	DIRECTOR
Name	JACKSON, OKANTA B DR.
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 03/22/2019

Electronic Signature of Signing Officer/Director Detail — Date