

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L14520

**Entity Name:** ASSOCIATES IN DERMATOLOGY, INC.

**Current Principal Place of Business:**

9430 TURKEY LAKE ROAD  
210  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 690609  
ORLANDO, FL 32869 US

**FEI Number:** 59-2967271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHAEL STEPPIE, MD  
9430 TURKEY LAKE ROAD  
210  
ORLANDO, FL 32819 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 MGRM  
Name STEPPIE, MICHAEL W  
Address 9430 TURKEY LAKE ROAD, SUITE 210  
City-State-Zip: ORLANDO FL 32819

*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:** MICHAEL STEPPIE

CEO

03/02/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date