

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037329

Entity Name: THE FLORIDA DERMATOLOGY INSTITUTE, INC.

Current Principal Place of Business:

1500 NORTH DIXIE HIGHWAY
SUITE 305
WEST PALM BEACH, FL 33401

Current Mailing Address:

1500 NORTH DIXIE HIGHWAY
SUITE 305
WEST PALM BEACH, FL 33401

FEI Number: 65-1120508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEER, KENNETH
1500 N. DIXIE HWY #305
WEST PALM BEACH, FL 33401 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 D
Name BEER, KENNETH RMD
Address 1500 NORTH DIXIE HIGHWAY #305
City-State-Zip: WEST PALM BEACH FL 33401

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: KENNETH BEER

D

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date