

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000100593

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC9911806926**

**Entity Name:** FLORIDA DERMATOLOGIC SURGERY AND AESTHETICS  
INSTITUTE, PA

**Current Principal Place of Business:**

11950 CR 101  
STE 203  
THE VILLAGES, FL 32159

**Current Mailing Address:**

11950 CR 101  
STE 203  
THE VILLAGES, FL 32159

**FEI Number: 20-3157425**

**Certificate of Status Desired: No**

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

HASSANEIN, ASHRAF M  
11950 CR 101 #203  
THE VILLAGES, FL 32162 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 DR  
Name HASSANEIN, ASHRAF M  
Address 1572 SHERBROOK DR  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name HASSANEIN, MAHA  
Address 11950 CR 101  
STE 203  
City-State-Zip: THE VILLAGES FL 32159

Title VP  
Name HASSANEIN, HATEM  
Address 11950 CR 101  
STE 203  
City-State-Zip: THE VILLAGES FL 32159

*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: ASHRAF HASSANEIN**

**DR**

**01/11/2014**

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

\_\_\_\_\_  
Date