

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032981

Entity Name: HIGHTOWER DERMATOLOGY SERVICES, PA

Current Principal Place of Business:

957 E. DEL WEBB BLVD.,
SUITE 101
SUN CITY CENTER, FL 33573

Current Mailing Address:

4409 W BROOKWOOD DR
TAMPA, FL 33629 US

FEI Number: 26-4651127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHTOWER, KORTNEY D
4409 W BROOKWOOD DR
TAMPA, FL 33629 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 P
Name HIGHTOWER, KORTNEY D
Address 4409 W BROOKWOOD DR
City-State-Zip: TAMPA FL 33629

Title VP
Name HIGHTOWER, AMY N
Address 4409 W BROOKWOOD DR
City-State-Zip: TAMPA FL 33629

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: AMY N HIGHTOWER

VICE PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date