

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000001605

Entity Name: ADVANTAGE DERMATOLOGY, P.A.

Current Principal Place of Business:

225 WATER STREET
SUITE 1500
JACKSONVILLE, FL 32202

Current Mailing Address:

225 WATER STREET
SUITE 1500
JACKSONVILLE, FL 32202 US

FEI Number: 46-4476793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
800 WEST MONROE STREET
JACKSONVILLE, FL 32202 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 PDTS
Name PEREZ, OLIVER MD
Address 1514 NIRA STREET
City-State-Zip: JACKSONVILLE FL 32207

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: OLIVER PEREZ, MD

PDTS

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date