

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088000

Entity Name: BAY DERMATOLOGY & COSMETIC SURGERY, P.A.**Current Principal Place of Business:**8220 U.S. 19 NORTH
PORT RICHEY, FL 34668**Current Mailing Address:**8220 U.S. 19 NORTH
PORT RICHEY, FL 34668 US**FEI Number:** 59-3282073**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, RICHARD A
8220 US 19 NORTH
PORT RICHEY, FL 34668 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 MILLER, RICHARD A
Address 8220 U.S. 19 NORTH
City-State-Zip: PORT RICHEY FL 34668Title D
Name KRUTHCHIK, MICHAEL E
Address 8220 U.S. HWY 19 NORTH
City-State-Zip: PORT RICHEY FL 34668Title D
Name DORTON, DAVID W
Address 8220 U.S. HWY 19 NORTH
City-State-Zip: PORT RICHEY FL 34668Title D
Name ESGUERRA, DAVID
Address 8220 U.S. HWY 19 NORTH
City-State-Zip: PORT RICHEY FL 34668Title D
Name WITFILL, KRISTIN
Address 8220 U.S. HWY 19 NORTH
City-State-Zip: PORT RICHEY FL 34668

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: RICHARD A. MILLER

DIR

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date