

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000046364

**Entity Name:** DERMATOLOGY ASSOCIATES OF NORTHEAST FLORIDA, P.A.

**Current Principal Place of Business:**

8 OFFICE PARK DRIVE  
PALM COAST, FL 32137

**Current Mailing Address:**

8 OFFICE PARK DRIVE  
PALM COAST, FL 32137 US

**FEI Number:** 59-3384361

**Certificate of Status Desired:** No

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

CHEIKEN, MARK S. D.O.  
8 OFFICE PARK DRIVE  
PALM COAST, FL 32137 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 DP  
Name CHEIKEN, MARK SD.O.  
Address 8 OFFICE PARK DRIVE  
City-State-Zip: PALM COAST FL 32137

Title DS  
Name CHEIKEN, KIMBERLY V  
Address 8 OFFICE PARK DRIVE  
City-State-Zip: PALM COAST FL 32137

*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:** KIMBERLY V. CHEIKEN

DS

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date