

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021365

Entity Name: ADVANCED DERMATOLOGY MANAGEMENT, INC.

Current Principal Place of Business:

1111 PARK CENTRE BLVD
STE #300
MIAMI GARDENS, FL 33169

Current Mailing Address:

1111 PARK CENTRE BLVD
STE #300
MIAMI GARDENS, FL 33169 US

FEI Number: 65-0734508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAGENER, DAVID
1111 PARK CENTRE BLVD
STE #300
MIAMI, FL 33169 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 GREENE, RICHARD MD
Address 1111 PARK CENTER BLVD, STE 300
City-State-Zip: MIAMI GARDENS FL 33169

Title D
Name NESTOR, MARK SMD, PHD
Address 1111 PARK CENTER BLVD, STE 300
City-State-Zip: MIAMI GARDENS FL 33169

Title D
Name WAGENER, DAVID
Address 1111 PARK CENTER BLVD, STE 300
City-State-Zip: MIAMI GARDENS FL 33169

Title D
Name WILENTZ, JOEL
Address 1111 PARKCENTER BLVD, SUITE 300
City-State-Zip: MIAMI GARDENS FL 33169

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: DAVID WAGENER

DIRECTOR

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date