

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000102072

**Entity Name:** THE DERMATOLOGY CLINIC, P.A.

**Current Principal Place of Business:**

951 N.W. 13TH STREET  
SUITE 2B  
BOCA RATON, FL 33486

**Current Mailing Address:**

951 N.W. 13TH STREET  
SUITE 2B  
BOCA RATON, FL 33486

**FEI Number:** 65-0962920

**Certificate of Status Desired:** No

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

CALOBRISI, STELLA D MD  
951 NW 13TH STREET  
SUITE 2B  
BOCA RATON, FL 33486 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 DR  
Name CALOBRISI, STELLA D M.D.  
Address 951 N.W. 13TH STREET SUITE 2B  
City-State-Zip: BOCA RATON FL 33486

*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:** STELLA D CALOBRISI

**OWNER**

**03/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date