

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004468

**Entity Name:** SKIN PATHOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

3550 INDEPENDENCE DRIVE  
BIRMINGHAM, AL 35209

**Current Mailing Address:**

3560 INDEPENDENCE DRIVE  
SUITE 200  
BIRMINGHAM, AL 35209

**FEI Number:** 20-0358398

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name ELDER, JAMES EM.D.  
Address 3550 INDEPENDENCE DRIVE  
City-State-Zip: BIRMINGHAM AL 35209

Title S  
Name GREEN, JOHN H  
Address 3560 INDEPENDENCE DRIVE, SUITE  
200  
City-State-Zip: BIRMINGHAM AL 35209

*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:** JOHN H GREEN

**SECRETARY**

**03/04/2015**

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

\_\_\_\_\_  
Date