

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 11, 2013
Secretary of State
CC5257064297

Entity Name: SKIN DIAGNOSTICS GROUP, P.C., CORPORATION

Current Principal Place of Business:

3125 INDEPENDENCE DR, SUITE 301
BIRMINGHAM, AL 35209

Current Mailing Address:

3125 INDEPENDENCE DR, SUITE 301
BIRMINGHAM, AL 35209

FEI Number: 27-0379971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZ DR STE A
TALLAHASSEE, FL 32301 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 PSTD
Name LONG, JAMES ALAN MD
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VP
Name EUDY, GRANT MD
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VICE PRESIDENT AND DIRECTOR OF SALES
Name HONTZAS, ARTHUR
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VICE PRESIDENT AND SENIOR TERRITORY MANAGER
Name WALLACE, ELYSE
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VICE PRESIDENT AND CHIEF OF SALES
Name CHANDLER, JENNIFER W
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VICE PRESIDENT AND CHIEF OF MARKETING
Name WALL, ANN
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VP
Name BURFORD, HOLLY DR.
Address 3125 INDEPENDENCE DR, SUITE 301
City-State-Zip: BIRMINGHAM AL 35209

Title VP
Name MCINTIRE, HOLLY
Address 3125 INDEPENDENCE DR, SUITE 301
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: LONG, JAMES ALAN MD

PRESIDENT

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date