

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000080

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**4099778428CC**

**Entity Name:** SKIN DIAGNOSTICS GROUP, P.C., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

3512 OLD MONTGOMERY HIGHWAY  
BIRMINGHAM, AL 35209

**Current Mailing Address:**

3512 OLD MONTGOMERY HIGHWAY  
BIRMINGHAM, AL 35209

**FEI Number:** 27-0379971

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
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:** DELANIE CASE, ASST. SEC.

01/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name LONG, JAMES ALAN M.D.  
Address 3512 OLD MONTGOMERY HIGHWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title COO  
Name WILDER, KATIE  
Address 3512 OLD MONTGOMERY HIGHWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name CHANDLER, JENNIFER  
Address 3512 OLD MONTGOMERY HIGHWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title CONTROLLER  
Name BROWN, COURTNEY  
Address 3512 OLD MONTGOMERY HIGHWAY  
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR  
Name EUDY, GRANT DR.  
Address 3512 OLD MONTGOMERY HIGHWAY  
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:** COURTNEY BROWN

CONTROLLER

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date