

**2016 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F14000000080

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

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CR8466734649**

**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.  
155 OFFICE PLAZA 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: DELANIE CASE, ASST. SEC.

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name PARRISH, 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 VP  
Name HOOD, RICK  
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

*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

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date