PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000036979

1. Corporation Name

DERMATOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90014 046 ***150.00

* 4 75405 0044 8 3 * 7 5 4 8 475483 - 90014 - 46

| | lly Grove Avenue ville, FL 32217 | 11247 San Jose Jacksonville, H | | | DO NOT WRITE IN THIS SPACE |
|---|---|-------------------------------------|-------------------|----------------|---|
| | | | | | 3. Date Incorporated or Qualifed |
| | | | | | April 21, 1998 |
| Principal Place of Business 2a. Mailing Address | | | | | 4 FEI Number Applied For |
| 21 3661 Crown Point Court 26 3661 Crown Po | | | int Co | ourt | 59–3505767 Applicable Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc | | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | | | | 5. Certificate of Status Desired Fee Required |
| City & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be |
| | nville, Florida | 28 Jacksonville, Florida | | ida | Trust Fund Contribution Added to Fees |
| Zip 32257 Country Zip 29 | | Zip 32257 30 | 7ip 32257 Country | | 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent |
| | | | 81 | Name | 9 |
| | • | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| | | | 83 | | |
| | • | | | | |
| | , * ; · · · · · · · · · · · · · · · · · · | | 84 | City | FL 85 Zip Code |
| office or re agent. I an | o the provisions of Sections 607.0502 gistered agent, or both, in the State on familiar with, and accept the obligation | f Florida. Such change was auth | orized by | the corpo | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE 5 | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Rec | gistered Ager | nt signature r | e required when reinstating) DATE |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | - | D/P/S Addition |
| NAME | HOCHMAN, LISA G., M | | 1.2 NAME | | HOCHMAN, LISA G., M.D. |
| STREET ADDRESS | 11247 SAN JOSE BLVE | | 1.3 STREE | TADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32 | 223 | 1.4 CITY-S | T-21P | JACKSONVILLE, FL 32257 |
| TITLE | | ☐ DELETE | 2.1 TITLE | | D/VP/T □ Change X Addition |
| NAME | | | 2.2 NAME | | JENKINS-PILCHER, DREAMA S., M.D. |
| STREET ADDRESS | , | | 2.3 STREET | TADDRESS | s 3661 CROWN POINT COURT |
| CITY-ST-ZIP | | | 2.4 CITY-S | T-ZIP | JACKSONVILLE, FL 32257 |
| TITLE | | ☐ DELETÉ | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | s |
| CITY-ST-ZIP | | | 3.4. CITY-S | T-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | s |
| CITY-ST-ZIP | | : | 4.4 CITY-S | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | _ | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | 6 |
| CITY-ST-ZIP | | | 5.4 CITY-ST | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | — | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | 3 |
| CITY ST. ZID | | | 6.4 CITY-ST | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.