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SIGNATURE:

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/11/02

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DOCUMENT # P91000066596  1. Entity Name ORLANDO DERMATOLOGY, INC.  DO NOT WRITE IN THIS SPACE						The state of the s														
						FILED  02 MAR 20 PH 12: 10  SECRETARY OF STATE TALLARASJEE, PLOADA														
												Place of Business  S CONKOY KD							,	,
											Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Ste City & Sta	te	City & State			4.	4. FEI Number Applied For														
Zip Country		ORLANDO , FL			5.	59-3593636 Certificate of Status Desired		8.75 Ad		-										
348	sii usa	32836		us A			F	ee Require	ed .	-										
DO NOT WRITE					7. Name and Address of Current Registered Agent Name Flunds Tyc. Street Address (P.O. Box Number is Not Acceptable)															
in this space				3732																
					FL Zip Code 33:					]										
8. The above	e named entity submits this statement for	the purpose of changing its	s register			·····	da.	<u> </u>		1										
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registere	d Agent signatur	e required when	reinstating)	DATE	<u> </u>												
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, f Amended U Make Check Payable to				is \$550.00 is \$61.25		10. Election Campaign Final Trust Fund Contribution.	ncing		May Be											
11.	OFFICERS AND D	DIRECTORS								1_										
TITLE	PRESIDENT FAROOR LATEEF. M		TITL	1						CR2E034B (12/01)										
NAME STREET ADDRESS	SSII GRANADA BUUD		NAM	EET ADDRESS						3										
CITY-ST-ZIP	ORLANDO . FL 328		11	-ST-ZIP		•				器										
TITLE	SECRETARY /TREASU		TITLE	F		*														
NAME	FAUZIA BAKSHI		NAM	- 1		8000051	920	68-	5	꽁										
STREET ADDRESS	1000		H	ET ADDRESS		8000051 -04/04/0	)2OTO	1670	29											
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13 Lhereby o	Legistricular information supplied with the control of the control	this filing does not qualify for	r the ever	motion state	d in Section	119 07(3)(i). Florida Statutes Lfu	irther certify	that the ir	formation											
indicated of the cor	on this report or supplemental report is to reportation or the receiver or trustee emports with an address, with all other like emports.	true and accurate and that rowered to execute this repo	ny signat	ture shall ha	ve the same	legal effect as if made under oat	h; that I am	an officer	or director											

ME OF SIGNING OFFICER OR DIRECTOR