

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066596

**FILED**  
**Jan 13, 2004**  
**Secretary of State**

**Entity Name:** ORLANDO DERMATOLOGY, INC.

**Current Principal Place of Business:**

5385 CONROY ROAD  
STE. 104  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

8511 GRANADA BOULEVARD  
ORLANDO, FL 32836 US

**New Mailing Address:**

8601 VISTA POINT COVE  
ORLANDO, FL 32836 US

**FEI Number:** 59-3593636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LATEEF, FAROOQ MD  
Address: 8511 GRANADA BOULEVARD  
City-St-Zip: ORLANDO, FL 32836

Title: ST ( ) Delete  
Name: BAKSHI, FAUZIA  
Address: 8511 GRANADA BOULEVARD  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LATEEF, FAROOQ MD  
Address: 8601 VISTA POINT COVE  
City-St-Zip: ORLANDO, FL 32836

Title: ST (X) Change ( ) Addition  
Name: BAKSHI, FAUZIA  
Address: 8601 VISTA POINT COVE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FAROOQ LATEEF

PRES

01/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date