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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55939** (0) NC 12-12-95

1. Corporation Name
~~JAMES R. WATT, D.O., P.A.~~ → Amended to your Dept.
DERMATOLOGY CENTRES, P.A.

Principal Place of Business	Mailing Address
15127 CARTGER ROAD SUITE 101 DELRAY BEACH FL 33446	15127 CARTGER ROAD SUITE 101 DELRAY BEACH FL 33446

3. Date Incorporated or Qualified: 05/28/1991
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business
21: 5130 LINTON BLVD
Suite, Apt. #, etc. 22: C4-5
City & State 23: DELRAY BEACH, FL.
Zip 24: 33484 Country 25: USA

2a. Mailing Address
26: 5130 LINTON BLVD.
Suite, Apt. #, etc. 27: C4-5
City & State 28: DELRAY BEACH, FL.
Zip 29: 33484 Country 30: USA

4. FEI Number: 65-0266419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WATT, JAMES R~~
~~15127 CARTER RD.~~
~~SUITE 101~~
~~DELRAY BEACH FL 33446~~ →

10. Name and Address of New Registered Agent

81 Name: WATT, JAMES R.
82 Street Address (P.O. Box Number is Not Acceptable): 5130 LINTON BLVD. STE C4-5
83
84 City: DELRAY BEACH FL 85 Zip Code: 33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~WATT, JAMES R~~ ~~15127 CARTER RD., STE. 101~~ ~~DELRAY BEACH FL 33446~~ → ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	JAMES R. WATT 5130 LINTON BLVD STE C4-5 DELRAY BEACH, FL. 33484 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000001774750 -04/10/96--01011--004 ***200.00 ☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 4/1/96 (407) 6370222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #