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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **\$55939**

1. Corporation Name

DERMATOLOGY CENTRES, P.A.

Principal Place of Business Stol LINTON BLVD C45 CERAY BEACH FL 33484  DELRAY BEACH FL 33484  DELRAY BEACH FL 33484  DELRAY BEACH FL 33484  DELRAY BEACH FL 33484  2. Principal Place of Business 3. Date Incorporated or Charilled (05/28/1991)  Salts, Apt. 8, etc.  Suite, Apt. 8, etc.  Su												A SUL LUI			(I BIBLI I	ILAI EIGII ICDA
CAS   DERAY BEACH FL 33484   DELATE BACH FL	Principal Place	of Business		Mailing Add	ress											
DEIRAY BEACH FL 33894  DEIRAY BEACH FL 33894  DEIRAY BEACH FL 33894  2. Principal Place of Business 2. Principal Place of Business 3. Date incorporated Countlete 55/28/1991  4. FEI Number 65-0266419  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State City & Country City	5130 LINTON BI	LVD	5130 LINTON BLVD													
3. Oake incorporated or Qualified OS/2/8/1991  2. Principal Place of Business   2a, Mailing Address   4. FEL Riviniber   Aug led Fr. 271  2. Suite, Apt. 4, etc.   Site, Apt. 4, etc.   S. Cardicate of Status Desired   \$8.75 Address   Featured   \$9.75 Address   Featured   \$9.75 Address   Featured   \$9.75 Address   Feat	***									DO NOT WRITE IN THIS SPACE						
Special Place of Business   2a, Mailing Address   4. FET Number   2b, Mark   April ted For Special Place of Business   2a, Mailing Address   5c, FET Number   2b, Mark   April ted For Special Place   3c, FET Number   3c, FET N	DELHAT BEACH FL 33484 DELHAT BEACH FL 33484.					ye.										
Suffice, Apt. #, etc.   Suffic										05/2	8/1991				,	
Sulle, Apt. #, etc.    20	2. Principal Place of Business			2a. Mailing Address									Apr lied For			
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City & State	Suite, Apt.	#, etc.		Suite, A	pt. #, etc.					5. Certif	cate of Statu	s Desired		\$		
28										<b>U</b> , ======						·
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25																() Fees
Solid   Name	Zip	Cour	itry	Zip			ıntry				•		rrent year Ir			- 1 h.z"
Name	24					30							Davistan			SPRO
WATT, JAMES R 5130 LINTON BLVD C.4-5 DELRAY BEACH FL 33484  84 City FL 35 Zip Code  11. Pursuint to the provisions of Suctions 607 050° and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corpor stion's board of directors. I hereby accept the applicantment as registered agent, or both, in the State of Florida. Such change was authorized by the corpor stion's board of directors. I hereby accept the applicantment as registered signature, typed or preted in rea of registered agent and tier applicable.  12. OFFICERS AND DIRECTORS  13. ADDITE DISSICHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. OFFICERS AND DIRECTORS  13. ADDITE DISSICHANGES TO OFFICERS AND DIRECTORS IN TITLE  14. OFFICERS AND DIRECTORS IN TITLE  15. ADDITE DISSICHANGES TO OFFICERS AND DIRECTORS IN TITLE  16. OELETE  17. INTERPRETADORS S  5130 LINTON BLVD., C4-5  15. STREET ADDRESS  5130 LINTON BLVD., C4-5  15. STREET ADDRESS  5130 LINTON BLVD., C4-5  15. TITLE  16. OELETE  27. NAME  27. NAM		9. Name and Ado	ress of Currer	11 Registered Ag	ent		04	Mana		10. Name	and Addre	ss of New	Registere	Ager	ıτ	
Street Aidress (P.O. Box Number is Not Acceptable)   C4-5	MA AT	T IAMES D					01	Name	,							
C4-5   DELRAY BEACH FL 33484   88							82	Stree	t Addr	ess (P.O. Bo	: Number is	Not Accep	table)			
DELRAY BEACH FL 33484  11. Pursuant to the provisions of Sections 607,0507; and 607,1508, Florida Statutes, the above-named cirriporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and a period of printed in an acceptance agent and the design of the corporation's board of directors. I hereby accept the approximent as registered agent, and a period of printed in a period of period of printed in a period of period of printed in a period of per		•							—–							
11. Pursuant to the provisions of Sections 607.050; and 607.1508, Florida Stati.tes, the above-named curporation submits this statement for the purpose of changing its registered agent, or bc/th. In the State of Florida. Such change was authorized by the corpor tition's board of directors. I hereby accept the approximent as registered agent, and a scept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:    Signiture, typed or primed in me of registered agent and size of applicable.   (NOTE Registered Agent signature registered agent registered agent registered Agent signature registered agent registered agent registered Agent signature register			104				83									
11. Pursuant to the provisions of S-ctions 607 050° and 607 1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its register of dice in registered agent, or bit in, in the State of Florida. Such change was authorized by the corpor stron's board of directors. I hereby accept the approximent as registered agent, and both, in the State of Florida. Such change was authorized by the corpor stron's board of directors. I hereby accept the approximent as registered agent. I am familiar with, and a scept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, typed or primed in one of registered agent durine if applicable.   (NO) E. Registered Agent spinature req ared when remistating)   DATE	UitLi	RAY BEAUTI FL 334	484				84	City						85	Zip (	ode
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						621	IAME								-	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further sertify 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 of sustee empowered to execute this report as required by Chapter 607. Florida Statutes; and the my name appears in Block 12 or Block 13 if changed, or on an attachment with all address with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES OR PRINTED NAM