


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 453705

1. Entity Name
 DERMATOLOGY CONSULTANTS OF SOUTH FLORIDA,
 P.A.



Principal Place of Business 3000 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3000 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1531705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KROLL, JEFFREY J.
 3000 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROLL, JEFFREY J. 3000 UNIVERSITY DRIVE CORAL SPRINGS, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jeffrey Kroll Pres**  **3/4/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #