FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 510595 (2)

1. Corporation Name
ASSOCIATES IN DERMATOLOGY, M.D.'S, P.A.

Principal Place of Business
3635 CENTRAL AVE
FT MYERS FL 33901-8218

Mailing Address
3635 CENTRAL AVE
FT MYERS FL 33901-8218

3. Date Incorporated or Qualified: 10/01/1976
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: 59-1690361 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

PORTER, MARVIN
3635 CENTRAL AVENUE
FT. MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PORTER, MARVIN	
STREET ADDRESS	3635 CENTRAL AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	ST	☐ DELETE
NAME	SPEAR, KIM	
STREET ADDRESS	3635 CENTRAL AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	VD	☐ DELETE
NAME	SCHWARTZ, STANLEY	
STREET ADDRESS	3635 CENTRAL AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	V	☐ DELETE
NAME	FRANSWAY, ANTHONY	
STREET ADDRESS	3635 CENTRAL AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	S	☐ DELETE
NAME	SCHLEIDER, NANCY	
STREET ADDRESS	3635 CENTRAL AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] Vice President 2-13-96 941-936-5425

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