**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90170 046 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

94069005

DOCUMENT # 510595

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3635 CENTRAL AVE<br>FT MYERS, FL 33901-8218 | 3635 CENTRAL AVE<br>FT MYERS, FL 33901-8218 |

04212004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8381 Riverwalk Park Blvd. | 8381 Riverwalk Park Blvd. |
| Suite, Apt. #, etc.<br>Suite #101 | Suite, Apt. #, etc.<br>Suite #101 |
| City & State<br>Fort Myers, FL | City & State<br>Fort Myers, FL |
| Zip 33919 Country US | Zip 33919 Country US |

4. FEI Number
59-1690361
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

PORTER, MARVIN
3635 CENTRAL AVENUE
FT. MYERS, FL 33901

**7. Name and Address of New Registered Agent**

Name
Marvin Porter (CHANGE OF ADDRESS ONLY)
Street Address (P.O. Box Number is Not Acceptable)
8381 Riverwalk Park Blvd., Ste #101
City Fort Myers FL Zip Code 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not attached)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PORTER, MARVIN<br>3635 CENTRAL AVENUE<br>FT. MYERS, FL 33901 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>8381 Riverwalk Park Blvd., Ste. #101<br>Fort Myers, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SCHWARTZ, STANLEY<br>3635 CENTRAL AVE<br>FT MYERS, FL 33901 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>8381 Riverwalk Park Blvd., Ste #101<br>Fort Myers, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FRANSWAY, ANTHONY<br>3635 CENTRAL AVENUE<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>8381 Riverwalk Park Blvd., Ste #101<br>Fort Myers, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CULLIMORE, KIP<br>3635 CENTRAL AVE<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>8381 Riverwalk Park Blvd., Ste #101<br>Fort Myers, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SKINNER, SHARI<br>3635 CENTRAL AVE<br>FORT MYERS, FL 33901 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>8381 Riverwalk Park Blvd., Ste #101<br>Fort Myers, FL 33919 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** _____ 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
KIP C. Cullimore M.D.