

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 510595

FILED
Mar 15, 2005
Secretary of State

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

Current Principal Place of Business:

8381 RIVERWALK PARK BLVD.
SUITE #101
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8381 RIVERWALK PARK BLVD.
SUITE #101
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-1690361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, MARVIN
8381 RIVERWALK PARK BLVD., STE. #101
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTER, MARVIN
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: SCHWARTZ, STANLEY
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

Title: V () Delete
Name: FRANSWAY, ANTHONY
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: CULLIMORE, KIP
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: SKINNER, SHARI
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MANUELIDIS, LAERTES A
Address: 8381 RIVERWALK PARK BLVD., STE. #101
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN S. PORTER

PD

03/15/2005

Electronic Signature of Signing Officer or Director

Date