~~2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 545545

1. Entity Name

MELBOURNE DERMATOLOGY CENTER - STEPHEN HORNELL, M.D., P.A.



FILED Apr 20, 2007 08:00 A Secretary of State

333 E. SHER MELBOURNE	idan road , FL 32901 i	failing Address 333 E. SHERIDAN ROAD MELBOURNE, FL 32901		01122007	No Chg-P	CR2E034 (11/05	1
	O NOT WRITE II	N THIS SPAC	CE	4. FEI Numb 59-176 5. Certificate			Applied For Not Applicable dditional red
6. Name and Address of Current Registered Agent HORNELL, STEPHEN 106 SOUTHGATE BLVD. MELBOURNE, FL 32901					NOT WI	RITE	
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 Signature, typed or printed name of registered agent and ase if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be dded to Fees			
10.	OFFICERS AND DIRE	CTORS		f.3		6	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNELL, STEPHEN 333 E. SHERIDAN RD. MELBOURNE, FL				e de la companya de l	re in the	en sage and
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORNELL, PAMELA 106 SOUTHGATE BLVD. MELBOURNE, FL		a.		U000000 05/01/07-6	720284 30099-004 _, 11	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	ter e
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5 4 - 7 5 5 5 -	A Page 18 A Company	s. , , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			4	e site			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR