

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 601446</b>		
1. Entity Name <b>DERMATOLOGY ASSOCIATES, P.A., OF THE PALM BEACHES</b>		
Principal Place of Business <b>120-A BUTLER STREET WEST PALM BEACH, FL 33407-6036</b>	Mailing Address <b>120-A BUTLER STREET WEST PALM BEACH, FL 33407-6036</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
07062004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-1271292</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>GREEN, HOWARD 120-A BUTLER STREET WEST PALM BEACH, FL 33407-6036</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GREEN, HOWARD A 120 BUTLER STREET WEST PALM BEACH, FL 334076036	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>7/7/04</b> Daytime Phone # _____