2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #601446

1. Entity Name

DERMATOLOGY ASSOCIATES, P.A., OF THE PALM **BEACHES**



FILED : . Jan 14, 2008 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

120-A BUTLER STREET WEST PALM BEACH, FL 33407-6036 120-A BUTLER STREET WEST PALM BEACH, FL 33407-6036



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1271292

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GREEN, HOWARD

DO NOT WRITE

WEST PALM BEACH, FL 33407-6036			IN THIS SPACE			
	named entity submits this statement for the pulions of registered agent.	rpose of changing its register	ed office or r	egistered agent, or both, ir	n the State of Florida. I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and trife if	applicable (NOTE, Registere	nd Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000781491 15/08-80036-008 150).00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD GREEN, HOWARD A 120 BUTLER STREET WEST PALM BEACH, FL 334076036	TORS	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	-		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					

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:

TITLE NAME STREET ADDRESS CiTY-ST-ZIP