

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602134

FILED
Mar 24, 2008
Secretary of State

Entity Name: RIDGE EDWARDS DERMATOLOGY, P.A.

Current Principal Place of Business:

1800 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Principal Place of Business:

1800 N. FEDERAL HIGHWAY
SUITE 106
POMPANO BEACH, FL 33062

Current Mailing Address:

1800 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Mailing Address:

1800 N. FEDERAL HIGHWAY
SUITE 106
POMPANO BEACH, FL 33062

FEI Number: 59-1296104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, E.K.
1800 N. FEDERAL HWY 106
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

EDWARDS, E.K.
1800 N. FEDERAL HWY
SUITE 106
POMPANO BEACH, FL 33062 US

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:

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: EDWARDS, EDWARD JR.,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL

Title: VP () Delete
Name: EDWARDS, VIRGINIA.,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL

Title: P () Delete
Name: EDWARDS, EDWARD K,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: EDWARDS, EDWARD JR.,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change () Addition
Name: EDWARDS, VIRGINIA.,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

Title: P (X) Change () Addition
Name: EDWARDS, EDWARD K,
Address: 1800 N. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: E.K. EDWARDS, JR.

ST

03/24/2008

Electronic Signature of Signing Officer or Director

Date