


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F97000003693 (5)</b> 1. Corporation Name <b>CLINICARE DERMATOLOGY PARTNERS, INC.</b> <i>12-11-97</i> <b>DERMATOLOGY PARTNERS, INC.</b>			
Principal Place of Business <b>120 HYDE PARK PLACE, STE 100 TAMPA FL 33608</b>		Mailing Address <b>120 HYDE PARK PLACE, STE 100 TAMPA FL 33608</b>	
2. Principal Place of Business 21 <b>3507 FRONTAGE ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE 180</b> City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33607</b>		2a. Mailing Address 26 <b>3507 FRONTAGE ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE 180</b> City & State 28 <b>TAMPA, FL</b> Zip 29 <b>33607</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>07/18/1997</b>		4. FEI Number <b>59-3438349</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name <b>A KEITH HENTHORNE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3507 FRONTAGE ROAD</b> 83 <b>SUITE 180</b> 84 City <b>TAMPA</b> 85 Zip Code <b>FL 33607</b>	
9. Name and Address of Current Registered Agent <b>HENTHORNE, A. KEITH 120 HYDE PARK PLACE, STE 100 TAMPA FL 33608</b>		11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>	
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>HENTHORNE, A K</b> STREET ADDRESS <b>120 HYDE PARK PL, STE 100</b> CITY-ST-ZIP <b>TAMPA FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>A. KEITH HENTHORNE</b> 1.3 STREET ADDRESS <b>3507 FRONTAGE ROAD SUITE 180</b> 1.4 CITY-ST-ZIP <b>TAMPA FL 33607</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <b>100002439061</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <b>-04/24/98--01019--003</b> 5.3 STREET ADDRESS <b>***150.00</b> 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address. SIGNATURE: <i>[Signature]</i>			

CR2E034 (10/97)