

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 23, 1999 8:00 am**  
**Secretary of State**

09-23-1999 90009 015 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003693**

1. Corporation Name  
**DERMATOLOGY PARTNERS, INC.**



Principal Place of Business <b>3507 FRONTAGE ROAD SUITE 180 TAMPA FL 33607</b>	Mailing Address <b>3507 FRONTAGE ROAD SUITE 180 TAMPA FL 33607</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/16/1997</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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

**9. Name and Address of Current Registered Agent**

**HENTHORNE, A. KEITH  
3507 FRONTAGE ROAD  
SUITE 180  
TAMPA FL 33607**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President and Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENTHORNE, A. KEITH</b>	1.2 NAME	<b>Keith Henthorne</b>
STREET ADDRESS	<b>3507 FRONTAGE ROAD, SUITE 180</b>	1.3 STREET ADDRESS	<b>3507 Frontage Road</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Tom Dirks</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>3507 Frontage Road</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Alan Weiner</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3507 Frontage Road</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature, typed or printed name of signing officer or director

CR2E034 (5/99)