
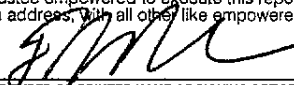


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H29714</b> 1. Entity Name NORTH FLORIDA DERMATOLOGY ASSOCIATES, P.A.			
Principal Place of Business 1541 RIVERSIDE AVE JACKSONVILLE, FL 32204 US		Mailing Address 1541 RIVERSIDE AVE JACKSONVILLE, FL 32204 US	
<b>DO NOT WRITE IN THIS SPACE</b>		01262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2467923 Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SCHIAVONE, FRANK E 1541 RIVERSIDE AVE JACKSONVILLE, FL 32204		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000232899 02/17/05-80022-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SCHIAVONE, FRANK E 1541 RIVERSIDE DRIVE JACKSONVILLE, FL 32204		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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.			
<b>SIGNATURE:</b> 		2/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	