2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90131 026 ***150.00

DOCUMENT # H29714

Corporation Name
NORTH FLORIDA DERMATOLOGY ASSOCIATES, P.A.

55043733

Principal Place of Business	Mailing Address
1541 RIVERSIDE DR JACKSONVILLE FL 32204	1541 RIVERSIDE DR JACKSONVILLE FL 32204 US
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

[ ] CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2467923 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, DENNIS E.
233 EAST BAY STREET
SUITE 620
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Frank E Schiavone
Street Address (P.O. Box Number is Not Acceptable): 1541 Riverside Ave
Jacksonville
City: Jacksonville FL Zip Code: 32204

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: [signature]
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD [ ] Delete
NAME	Schiavone, Frank E.
STREET ADDRESS	1541 Riverside Dr.
CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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.

SIGNATURE: SIGNATURE REQUIRED [signature] Frank E Schiavone **SIGN HERE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR