

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

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Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K17771 (2)
1. Corporation Name
DOCTORS SKIN CARE INSTITUTE MEDICAL CLINIC, INC.

Principal Place of Business
2215 N.E. 207TH ST
N. MIAMI BCH FL 33180

Mailing Address
2215 N.E. 207TH ST
N. MIAMI BCH FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0076430	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	6. Certificate of Status Desired	\$8.75 Additional Fee Required
				8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRODY, LOUISE Feinstein
2215 N.E. 207TH ST
N. MIAMI BCH FL 33180

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	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 Louise Brody DATE 2/24/98
(Signature typed or printed name of registered agent and must appear here) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	LOUISE BRODY FEINSTEIN
NAME	BRODY, LOUISE	1.2 NAME	
STREET ADDRESS	2215 N.E. 207TH ST	1.3 STREET ADDRESS	16710 SENTERRA DR.
CITY-ST-ZIP	N. MIAMI BCH FL	1.4 CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE		2.1 TITLE	P.
NAME		2.2 NAME	FEINSTEIN - BRODY LOUISE
STREET ADDRESS		2.3 STREET ADDRESS	16710 SENTERRA DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Louise Brody 2/24/98 561-632-4748

CR2E034 (10/97)