


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K17771 1. Entity Name DOCTORS SKIN CARE INSTITUTE MEDICAL CLINIC, INC.					
Principal Place of Business 16710 SENTERRA DR. DELRAY BEACH FL 33484			Mailing Address 16710 SENTERRA DR DELRAY BCH FL 33484 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRODY, LOUISE 16710 SENTERRA DR. DELRAY BEACH FL 33484			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 <u><i>Leslie Louise Brody</i></u> 2-7-2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete FEINSTEIN-BRODY LOUISE 16710 SENTERRA DR DELRAY BCH FL 33484		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000222848 02/10/05-80021-001 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete FEINSTEIN-BRODY, LOUISE 16710 SENTERRA DR DELRAY BCH FL 33484		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0076430** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Leslie Louise Brody 2005 561-632-4748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #