


FILED
Mar 18, 2008 8:00 am
Secretary of State

02-15-2008 90013 016 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M89087 1. Entity Name FLORIDA DERMATOLOGY ASSOCIATES, INC.	
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Principal Place of Business 5070 MINTON RD NW SUITE 5 PALM BAY, FL 32907	Mailing Address 80 WOODLAND AVE COCOA BEACH, FL 32931
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66004196



02042008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2896023	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORENO, RUBEN A
812 OAK PARK DRIVE
MELBOURNE, FL 32940

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MORENO, RUBEN A 812 OAK PARK DRIVE MELBOURNE, FL 32940
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: MAR 13 2008 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR