

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001914

FILED
Jan 07, 2004
Secretary of State

Entity Name: JACKSONVILLE SOCIETY OF DERMATOLOGY CLINICIANS, INC.

Current Principal Place of Business:

1541 RIVERSIDE AVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42
ORTEGA STATION, FL 32210

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAHONEY, RANDOLPH B
Address: 1541 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: SEELEY, MICHELLE
Address: 1541 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MIRANTI, SHANNA M
Address: 1541 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNIGHT, KARIN M
Address: 1800 THE GREENS WAY #1405
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDOLPH B MAHONEY

DP

01/07/2004

Electronic Signature of Signing Officer or Director

Date