

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000006039 (0)

1. Corporation Name

DERMATOLOGY NETWORK OF NORTHEAST FLORIDA, INC.

Principal Place of Business

2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683

Mailing Address

2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683



3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-3355382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSON, CHARLES J
2323 CURLEW ROAD, SUITE 7E
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

TRIMBLE, JAMES M.D.

STREET ADDRESS

4205 BELFORT ROAD, SUITE 4020

CITY - ST - ZIP

JACKSONVILLE FL 32216

☐ DELETE

TITLE

VSD

NAME

EAGLSTEIN, FRED D.O.

STREET ADDRESS

2055 PROFESSIONAL CENTER DRIVE

CITY - ST - ZIP

ORANGE PARK FL 32073

☐ DELETE

TITLE

TD

NAME

BOUDREAUX, CLARENCE M.D.

STREET ADDRESS

335 - 11TH AVENUE NORTH

CITY - ST - ZIP

JACKSONVILLE BEACH FL 32250

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42296

Date

Daytime Phone #

CR2E037 (12/95)