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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000006039

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3355382	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBLE, JAMES M.D.	1.2 NAME	
STREET ADDRESS	4205 BELFORT ROAD, SUITE 4020	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLSTEIN, FRED D.O.	2.2 NAME	
STREET ADDRESS	2055 PROFESSIONAL CENTER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDWARD M	3.2 NAME	
STREET ADDRESS	580 W 8TH ST, STE 7017	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

CR2E037 (11/98)