

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097158

FILED
Mar 18, 2005
Secretary of State

Entity Name: BULLARD DERMATOLOGY, P.A.

Current Principal Place of Business:

C/O WILLIAM J. SPRATT, JR., ESQ.
201 S. BISCAYNE BLVD., 20TH FL
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM J. SPRATT, JR., ESQ.
201 S. BISCAYNE BLVD., 20TH FL
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1145562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPRATT, WILLIAM J JR, ESQ
201 S. BISCAYNE BLVD., 20TH FL
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BULLARD, SHERRIE MD
Address: 1554 SW 106TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BULLARD, SHERRIE MD
Address: P.O. BOX 848098
City-St-Zip: PEMBROKE PINES, FL 33084

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRIE BULLARD

PR

03/18/2005

Electronic Signature of Signing Officer or Director

Date