

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098671

Entity Name: VENICE DERMATOLOGY CLINIC, P.A.

FILED
Mar 02, 2005
Secretary of State

Current Principal Place of Business:

716 THE RIALTO
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

716 THE RIALTO
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-1143063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
100 S ASHLEY DR, STE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WALKER, GARY
202 S. ROME AVE.
SUITE 100
TAMPA, FL 33606 US

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: GARY WALKER

03/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOYD, BRUCE MD
Address: 716 THE RIALTO
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: BRUCE BOYD

DP

03/02/2005

Electronic Signature of Signing Officer or Director

Date