


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000118311 1. Entity Name KALAI DERMATOLOGY SERVICE, INC.	
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Principal Place of Business 5210 LINTON BLVD, STE 307 DELRAY BEACH, FL 33484	Mailing Address 5210 LINTON BLVD, STE 307 DELRAY BEACH, FL 33484
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOBIN & REYES, PA 7251 W PALM ETTO PAKR RD, STE 205 BOCA RATON, FL 33433
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALAI, DALIA MD 5210 LINTON BLVD, STE 307 DELRAY BEACH, FL 33484
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IN THIS SPACE**

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01/21/05-80036-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

**1-17-05 561-499
0660**