2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P01000118311

Entity Name: KALAI DERMATOLOGY SERVICE, INC.

Current Principal Place of Business:

5210 LINTON BLVD, STE 307
DELRAY BEACH, FL 33484

New Principal Place of Business:

5210 LINTON BLVD
SUITE 307
DELRAY BEACH, FL 33484-650 US

Current Mailing Address:

5210 LINTON BLVD, STE 307
DELRAY BEACH, FL 33484

New Mailing Address:

5210 LINTON BLVD
SUITE 307
DELRAY BEACH, FL 33484-650 US

FEI Number: 65-1159789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOBIN & REYES, PA
5355 TOWN CENTER ROAD
SUITE 204
BOCA RATON, FL 33486 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KALAI, DALIA MD
Address: 5210 LINTON BLVD, STE 307
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KALAI, DALIA MD
Address: 5210 LINTON BLVD, STE 307
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DALIA KALAI, M.D. D 07/07/2008

Electronic Signature of Signing Officer or Director Date