2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118311

Entity Name: KALAI DERMATOLOGY SERVICE, INC.

FILED Jul 01, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

5210 LINTON BLVD SUITE 307

DELRAY BEACH, FL 33484 US

New Mailing Address: Current Mailing Address:

5210 LINTON BLVD SUITE 307

DELRAY BEACH, FL 33484 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOBIN & REYES, PA 5355 TOWN CENTER ROAD SUITE 204

BOCA RATON, FL 33486 US

PH A

GICHON, GADI

3407 S OCEAN BLVD

HIGHAND BEACH, FL 33487 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: GADI GICHON 07/01/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

KALAI, DALIA MD Name: Name: 5210 LINTON BLVD, STE 307 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 US City-St-Zip:

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 KALA **PRES** 07/01/2009