

MM 22.2004 2:31PM 64P LLC UH

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Jul 06, 2004 8:00 am
Secretary of State

05-04-2004 90140 028 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/4/2004

DOCUMENT # P02000067697		
1. Entity Name: DERMATOLOGY ASSOCIATES & RESEARCH, CORP.		
Principal Place of Business: 1301 PONCE DE LEON CORAL GABLES, FL 33134		Mailing Address: 1301 PONCE DE LEON CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
4. FRI Number: 04-3692105		Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required: ☐
6. Name and Address of Current Registered Agent: CARBALLO, JOSEPH A 2800 DOUGLAS ROAD SUITE 600 MIAMI, FL 33134		
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:  DATE: 06/02/04		DO NOT WRITE IN THIS SPACE
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		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	P. RODRIGUEZ, DAVID 1301 PONCE DE LEON CORAL GABLES, FL 33134	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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, as changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DATE: 06/16/04		