

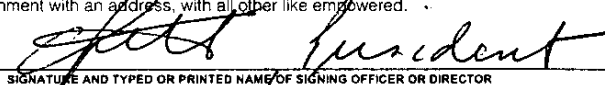


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 025 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P05000069433 1. Entity Name AMERICAN DERMATOLOGY ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 5741 BEE RIDGE RD. SARASOTA, FL 34233 | | | Mailing Address P.O. BOX 14253 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 03132008 Chg-P CR2E034 (12/06) | |
| Zip Country | | Zip Country | | 4. FEI Number 25-2255307 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent TRENT, JENNIFER 5741 BEE RIDGE RD. SARASOTA, FL 34233 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TRENT, JENNIFER 218B JUPITER ST. JUPITER, FL 33458 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  President 4/16/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |