

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072518

FILED  
Jul 19, 2006  
Secretary of State

**Entity Name:** THE DERMATOLOGY CLINIC OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

773 4TH AVE N SUITE 4  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

773 4TH AVE N SUITE 4  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 20-2948994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIKESH, LINDA A  
550 NE 25TH AVENUE  
OCALA, FL 34470 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: P ( ) Delete  
Name: MIKESH, CAREN F  
Address: 5050 TAMiami TRAIL NORTH SUITE A  
City-St-Zip: NAPLES, FL 34103 US

Title: S ( ) Delete  
Name: CAPIOLA, RICHARD J  
Address: 5050 TAMiami TRAIL NORTH SUITE A  
City-St-Zip: NAPLES, FL 34103 US

Title: T ( ) Delete  
Name: MIKESH, LINDA A  
Address: 5050 TAMiami TRAIL NORTH SUITE A  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIKESH, CAREN F  
Address: 773 4TH AVE N STE 4  
City-St-Zip: NAPLES, FL 34102 US

Title: S (X) Change ( ) Addition  
Name: CAPIOLA, RICHARD J  
Address: 773 4TH AVE N STE 4  
City-St-Zip: NAPLES, FL 34102 US

Title: T (X) Change ( ) Addition  
Name: MIKESH, LINDA A  
Address: 773 4TH AVE N STE 4  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CAREN F MIKESH

PRES

07/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date