

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089020

FILED
Jul 24, 2006
Secretary of State

Entity Name: DERMATOLOGY & DERMASURGERY OF NAPLES, P.A.

Current Principal Place of Business:

1112 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Principal Place of Business:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

Current Mailing Address:

1112 GOODLETTE ROAD NORTH
NAPLES, FL 34102

New Mailing Address:

1108 GOODLETTE ROAD NORTH
NAPLES, FL 34102

FEI Number: 20-3029576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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: PST () Delete
Name: WALTZER, JOEL F
Address: 1112 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WALTZER, JOEL F
Address: 1108 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

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: JOEL F WALTZER

PST

07/24/2006

Electronic Signature of Signing Officer or Director

Date