

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154118

FILED
May 27, 2006
Secretary of State

Entity Name: DERMATOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

601 N FLAMINGO RD SUTIE 305
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

601 N FLAMINGO RD SUTIE 305
PEMBROKE PINES, FL 33028

New Mailing Address:

3019 JUNIPER LANE
DAVIE, FL 33330

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, JOSE
601 N FLAMINGO RD SUTIE 305
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

MENDEZ, JOSE
3019 JUNIPER LANE
DAVIE, FL 33330 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: JOSE E MENDEZ

05/27/2006

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: D () Delete
Name: MENDEZ, JOSE
Address: 601 N FLAMINGO RD SUTIE 305
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: MENDEZ, KATHERINE
Address: 601 N FLAMINGO RD SUTIE 305
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change () Addition
Name: MENDEZ, JOSE
Address: 3019 JUNIPER LANE
City-St-Zip: DAVIE, FL 33330

Title: RN (X) Change () Addition
Name: MENDEZ, KATHERINE
Address: 3019
City-St-Zip: DAVIE, FL 33330

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: JOSE E MENDEZ

DO

05/27/2006

Electronic Signature of Signing Officer or Director

Date