

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 20 AM 9:40

DOCUMENT # P93000058083 (5)

1. Corporation Name
ENVIRONMENTAL PERMITTING SERVICES, INC.

Principal Place of Business 3585 HOPESTILL ROAD- PENSACOLA FL 32509-	Mailing Address P-O- BOX 1347- GULF-BREEZE FL 32562 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2373 W. BAYSHORE RD.	2a. Mailing Address 26 2373 W. BAYSHORE RD.	3. Date Incorporated or Qualified 08/16/1993	3a. Date of Last Report 05/01/1994
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	4. FEI Number 59-3199159	Applied For <input type="checkbox"/> Not Applicable
23 City & State GULF BREEZE, FL	28 City & State GULF BREEZE, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32561	25 County SANTA ROSA	29 Zip 32561	30 County SANTA ROSA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SIMS, GARY M 3585 HOPESTILL ROAD- PENSACOLA FL 32509-		B1 Name SIMS, GARY M.
		B2 Street Address (P.O. Box Number is Not Acceptable) 2373 W. BAYSHORE RD.
		B3
		B4 City GULF BREEZE
		FL
		B5 Zip Code 32561

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE *Gary M. Sims* **GARY M. SIMS, PRESIDENT** DATE **6-15-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTSD	1. TITLE PTSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME SIMS, GARY M.	2. NAME SIMS, GARY M.		
STREET ADDRESS 3585 HOPESTILL RD.	3. STREET ADDRESS 2373 W. BAYSHORE RD.		
CITY, ST, ZIP PENSACOLA FL	4. CITY, ST, ZIP GULF BREEZE, FL 32561		
TITLE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6. NAME		
STREET ADDRESS	7. STREET ADDRESS		
CITY, ST, ZIP	8. CITY, ST, ZIP		
TITLE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10. NAME		
STREET ADDRESS	11. STREET ADDRESS		
CITY, ST, ZIP	12. CITY, ST, ZIP		
TITLE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	14. NAME		
STREET ADDRESS	15. STREET ADDRESS		
CITY, ST, ZIP	16. CITY, ST, ZIP		
TITLE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	18. NAME		
STREET ADDRESS	19. STREET ADDRESS		
CITY, ST, ZIP	20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Gary M. Sims* **GARY M. SIMS, PRESIDENT** DATE **6-15-95** **904-934-5332**

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 10:24

DOCUMENT # P93000058128 (8)

1. Corporation Name

PRACTICE LIMITED TO DERMATOLOGY, INC.

Principal Place of Business

266 SOUTH COCONUT LANE
MIAMI BEACH FL 33139

Mailing Address

266 SOUTH COCONUT LANE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **08/16/1993** 3a. Date of Last Report **06/14/1994**

4. FEI Number **65-0451999** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GOLDFADEN, GARY L
266 SOUTH COCONUT LANE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDFADEN, GARY L. M.D.
STREET ADDRESS	266 SOUTH COCONUT LANE
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1:

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an amendment with address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95 3059665409

CR2E034 (3/95)