


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 19 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P94000030360</b> 1. Entity Name OCALA DERMATOLOGY AND SKIN CANCER CENTER, P.A.	
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Principal Place of Business 3233 SW 33RD RD 101 OCALA, FL 34474 US	Mailing Address 3233 SW 33RD RD 101 OCALA, FL 34474 US
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02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3238249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

HOLLOWAY, KATHRYN B  
3233 S.W. 33RD RD., #101  
PADDOCK PARK PROFESSIONAL CENTER  
OCALA, FL 34474

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOWAY, KATHRYN M MD 3233 SW 33RD ROAD, #101 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTON, PHILIP MD 3233 SW 33RD ROAD, #101 OCALA, FL 34474
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500030957475  
03/23/04--01118--026 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathryn B Holloway* Kathryn Holloway 3/16/04 352-237-2322  
Date Daytime Phone #