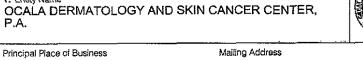
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 02, 2005 08:00 AM Secretary of State

DOC	JMEN	JT #	P94	0000	030360
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1. Entity Name

OCALA DERMATOLOGY AND SKIN CANCER CENTER,



DO NOT WRITE IN THIS SPACE

101

OCALA, FL 34474 US

3233 SW 33RD RD

SIGNATURE:

3233 SW 33RD RD

OCALA, FL 34474 US



01302005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3238249

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ß.	Name and Address	of Current Rec	istered Agent

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

DO NOT WRITE IN THIS SPACE

OCALA, FL 34474					
the obligat	named entity submits this statement for the plants of registered agent.	surpose of changing its registered office	or registered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable. (NOTE Registered Agent sign	nature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS		-	
TITLE NAME STREET AODRESS CITY-ST-ZIP	P HOLLOWAY, KATHRYN M MD 3233 SW 33RD ROAD, #101 OCALA, FL 34474			NONNINAAA283 N3/02/05-80064-016 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP BARTON, PHILIP MD 3233 SW 33RD ROAD, #101 OCALA, FL 34474				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		
TITLE NAME STHEET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with all	ing does not qualify for the exemption s and accurate and that my signature shall to execute this report as required by C other like empowered.	tated in Section 119.07(3)(i I have the same legal effect hapter 607, Florida Statutes), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if	