## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000075050

Entity Name: BOCA RATON DERMATOLOGY, P.A.

FILED Oct 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

951 NE 13 ST 5258 LINTON BLVD.

C 306

BOCA RATON, FL 33486 US DELRAY BEACH, FL 33484 US

Current Mailing Address: New Mailing Address:

951 NE 13 STREET 5258 LINTON BLVD.

C 306

BOCA RATON, FL 33486 US DELRAY BEACH, FL 33484 US

FEI Number: 65-0527235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUELLER, HOWARD A MD
951 NW 13TH STREET

BUELLER, HOWARD A MD
5258 LINTON BLVD.

BOCA RATON, FL 33486 US 306
DELRAY BEACH, FL 33484 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: HOWARD A BUELLER 10/05/2006

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BUELLER, HOWARD A MD Name: Name: BUELLER, HOWARD A MD 951 NW 13TH STREET 5258 LINTON BLVD., SUITE 306 Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DELRAY BEACH, FL 33484 US

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: HOWARD A BUELLER DP 10/05/2006