

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 28 PM 3:41

DOCUMENT # P95000049459

1. Corporation Name

DERM PARTNERS, INC.

Principal Place of Business

1541 RIVERSIDE AVE
JACKSONVILLE FL 32204
US

Mailing Address

1541 RIVERSIDE AVE
JACKSONVILLE FL 32204
US



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3322235	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SCHIAVONE, FRANK E M.D.	3751 ORTEGA BOULEVARD	JACKSONVILLE FL 32210
D	WARREN, SCOTT D	116 HIDDEN COVE LANE	PONTE VEDRA BEACH FL 32082
			600003953496--5 -04/03/01--01066--044 ****750.00 ****750.00
			600003953496--5 -04/03/01--01066--045 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAYES, DENNIS E 233 EAST BAY STREET SUITE 620 JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 3/27/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE: SIGNATURE REQUIRED Date 12/29/00 Daytime Phone # 904 3544488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR