2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061380

FILED Jul 03, 2008 Secretary of State

Entity Name: BOCA DERMATOLOGY AND COSMETIC SURGERY CENTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	TH FEDERAL TON, FL 3343				
Current Mailing Address:		New Mailing Address:			
4601 NORTH FEDERAL HWY BOCA RATON, FL 33431 US		5250 BOCA MARINA CIRCLE BOCA RATON, FL 33487 US			
FEI Number:	: 65-0655671	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 500 PALM BEA The above	ACH, FL 3340° named entity se of Florida.	I US	purpose of changing its registere	d office or registered agent, or both,	
SUITE 500 PALM BEA The above in the State) ACH, FL 33401 named entity se of Florida. RE:	I US		d office or registered agent, or both, Date	
SUITE 500 PALM BEA The above in the State SIGNATUR	named entity se of Florida. RE: Electror ce with s. 607.19	I US submits this statement for the nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n	gent		
SUITE 500 PALM BEA The above in the State SIGNATUF In accordance	named entity se of Florida. RE: Electror ce with s. 607.19	I US submits this statement for the nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ent oot receive the prior notice.		
SUITE 500 PALM BEA The above in the State SIGNATUF In accordance	named entity set of Florida. RE: Electror ce with s. 607.19 mpaign Financing S AND DIREC	submits this statement for the submits this statement for the sic Signature of Registered Ag 3(2)(b), F.S., the corporation did no Trust Fund Contribution (). TORS: Delete M.D. RINA CIRCLE	ent oot receive the prior notice.	Date	

I hereby certify that the information supplied with this filing does not qualify 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: ED POTTER STD 07/03/2008