

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

0075698

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000091199 (6)**

1. Corporation Name

DERMATOLOGY SPECIALISTS OF PALM BEACH COUNTY, IN C.

Principal Place of Business

Mailing Address

**1001 NW 13TH STREET STE 201
BOCA RATON FL 33486**

**1001 NW 13TH STREET STE 201
BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

65-0628713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1905 Clint Moore Road

26 1905 Clint Moore Road

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

22 103

27 103

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33496

25 U.S.A.

29 33496

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENTHORNE, A. KEITH
3507 FRONTAGE RD.
SUITE 180
TAMPA FL 33607-1776**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MEHR, KENNETH**
STREET ADDRESS **1001 NW 13TH STREET STE 201**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **President** ☐ DELETE

NAME **Henthorne, A. Keith**
STREET ADDRESS **3507 Frontage Road, Suite 180**
CITY-ST-ZIP **Tampa, FL 33607-1776**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

7/13/98

Daivision Phone #

CR2E034 (5/98)