2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# P96000035651

Entity Name: DERMATOLOGY BILLING ASSOCIATES, INC.

Current Principal Place of Business:

125 OXFORD ROAD
CASSELBERRY, FL 32730

New Principal Place of Business:

Current Mailing Address:

125 OXFORD ROAD
CASSELBERRY, FL 32730

New Mailing Address:

FEI Number: 59-3406361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLZEY, INGEBORG C
1340 GROVE TERRACE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

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:

Title: P ( ) Delete
Name: ELLZEY, INGEBORG C
Address: 1340 GROVE TERRACE
City-St-Zip: WINTER PARK, FL 32789

Title: V ( ) Delete
Name: BITTERLING, JESSICA
Address: 2355 STEWART COVE WAY
City-St-Zip: ORLANDO, FL 32828

Title: M ( ) Delete
Name: ETEM, ERGEAN
Address: 1340 GROVE TERRACE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change ( ) Addition
Name: BITTERLING, JESSICA
Address: 2355 STEWART COVE WAY
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: INGEBORG C. ELLZEY P 05/07/2008

Electronic Signature of Signing Officer or Director Date