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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000046364 (1)**

1. Corporation Name
DERMATOLOGY ASSOCIATES OF NORTHEAST FLORIDA, INC

Principal Place of Business	Mailing Address
2426 FOURTEENTH STREET CUYAHOGA FALLS OH 44223	2426 FOURTEENTH STREET CUYAHOGA FALLS OH 44223-2034

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21 33 Old Kings Road North
22 Suite, Apt. #, etc.: Suite 3
23 City & State: Palm Coast FL
24 Zip: 32137 25 Country:

2a. Mailing Address
26 33 old Kings Road North
27 Suite, Apt. #, etc.: Suite 3
28 City & State: Palm Coast FL
29 Zip: 32137 30 Country:

4. FEI Number: 59-3384361 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
VINNICK, SHERRY D
1528 BREAKERS WEST BOULEVARD
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent
B1 Name: Mark S. Cheiken, D.O.
B2 Street Address (P.O. Box Number is Not Acceptable): 33 old Kings Road North, Suite 3
B3
B4 City: Palm Coast FL B5 Zip Code: 32137

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, in 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: Mark S. Cheiken, D.O. - President 4/25/97.
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEIKEN, MARK S D.O. 2426 FOURTEENTH STREET CUYAHOGA FALLS OH 44223 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P 31 Blakeshire Place Palm Coast FL 32137 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEIKEN, KIMBERLY V 2426 FOURTEENTH STREET CUYAHOGA FALLS OH 44223 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/S 31 Blakeshire Place Palm Coast, FL 32137 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Kimberly V. Cheiken Kimberly V. Cheiken, Secretary 4/25/97 (904)446-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0479104