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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 14 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

## DOCUMENT # P96000055379 (7)

CENTER FOR DERMATOLOGY, INC.

Principal Place of Business Mailing Address 10147 VESTAL COURT 10147 VESTAL COURT CORAL SPRINGS FL 33071-5830 CORAL SPRINGS FL 33071-5830 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to E 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intengible tax und 24 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **HELLER & BARNETT CORPORATE SERVICES** 1214 N. UNIVERSITY DRIVE 82 PLANTATION FL 33322 83 11. Pursuant to the provisions of Sections 607.05/02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition president 1.1 TITLE TITLE WALLACH, BARBARA S NAME 1.2 NAMI 10147 VESTAL COURT STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071-5830 CITY-ST-ZIP 1.4 CITY - ST - ZIF DITTE \_\_\_ Change \_\_\_ Addition TITLE 2.1 TITLE NAME 2.2 NAMI STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHY- \$1-7P CITY - ST - ZIP DELETE Change Addition 3 1 11111 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-SI-7# DELETE Change Addition TITLE 4.1 1HLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CO Y - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 10 LF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5 4 City - S1 - ZIP Addition DELETE Change 6 1 TITLE TITLE NAME G 2 NAMI STREET ADDRESS G 3 STREET ADORESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

13 if chalned, From In a ⊋chment with an address

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 of the receif effor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name