

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000089400 (1)

1. Corporation Name

THE CENTRE FOR DERMATOLOGY AND CUTANEOUS SURGERY
, INC.

Principal Place of Business
182 FORT THOMPSON AVENUE
LABELLE FL 33935

Mailing Address
182 FORT THOMPSON AVENUE
LABELLE FL 33935

97 JUL 25 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number		☒ Applied For ☐ Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, JEFFREY N D.O. 182 FORT THOMPSON AVENUE LABELLE FL 33935				81 Name 82 Street Address (P.O. Box Number is Not Applicable) 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, 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 Jeffrey N. Martin Jeffrey N. Martin 2/1/97
Signature, printed or typed 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	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	Jeffrey N. Martin
STREET ADDRESS		1.3 STREET ADDRESS	182 Ft. Thompson Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Labelle, FL 33935
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Horace J. Martin
STREET ADDRESS		2.3 STREET ADDRESS	182 Ft. Thompson Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Labelle, FL 33935
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	ST Geneva Martin
STREET ADDRESS		3.3 STREET ADDRESS	182 Ft. Thompson Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Labelle, FL 33935
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Jeffrey N. Martin Jeffrey N. Martin 2/1/97 941 675 1373

CR2E034 (4/97)

7/23/97

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To Whom it may concern,

On Feb. 1, 1997 we filed our corp. annual reports with the correct fees of \$165.00 each. We did not receive any correspondence from this. Then, on 7/15/97 we received a 2nd notice form. I called the office and they told me the papers I filed on 2/1/97 were returned to me for corrections. I have made the corrections and I am sending the original amounts due and pray that you accept this fee.

Thank you,
Jeffrey H. Martin D.O.