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FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

NOT APPLICABLE

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MARTIN, JEFFREY N D.O.
182 FORT THOMPSON AVENUE
LABELLE FL 33935

Martin, Jeffrey N. D.O.

Spelling
Error

10. Name and Address of New Registered Agent

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, 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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MARTIN, JEFFERY N
STREET ADDRESS 182 FORT THOMPSON AVENUE
CITY-ST-ZIP LABELLE FL 33935

TITLE ☒ DELETE

NAME MARTIN, HORACE J
STREET ADDRESS 182 FORT THOMPSON AVENUE
CITY-ST-ZIP LABELLE FL 33935

TITLE ☒ DELETE

NAME ST MARTIN, GENEVA
STREET ADDRESS 182 FORT THOMPSON AVENUE
CITY-ST-ZIP LABELLE FL 33935

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

12 NAME Jeffrey N. Martin, D.O.
13 STREET ADDRESS 182 Fort Thompson Ave
14 CITY-ST-ZIP LaBelle, FL 33935

2.1 TITLE ☐ Change ☒ Addition

22 NAME Jeffrey N. Martin, D.O.
23 STREET ADDRESS 182 Fort Thompson Avenue
2.4 CITY-ST-ZIP LaBelle, FL 33935

3.1 TITLE ☐ Change ☒ Addition

32 NAME ST Jeffrey N. Martin, D.O.
33 STREET ADDRESS 182 Fort Thompson Ave.
34 CITY-ST-ZIP LaBelle, FL 33935

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

Jeffrey N. Martin, D.O.

Jeffrey N. Martin, D.O.

1/20/98

941-675-1373

CR2E034 (10/97)