

ATTORNEY AT LAW

**KATHLEEN REYNOLDS**

Kathleen Reynolds, Esq.

305 MAIN STREET

DESTIN, FL 32541

(850) 837-3340

FAX (850) 837-3502

**P97000003435**

September 18, 2001

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

600004607996--2

-09/24/01--01072--020

\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Statement of Change of Registered Agent, Dermatology Consulting, P.A.

Dear Sir/Madam:

Enclosed please find the original Statement of Change of Registered Agent for the above-referenced corporation. Also, enclosed is a check in the amount of \$35.00 representing the filing fee.

Thank you for your assistance in this regard. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

  
KATHLEEN REYNOLDS

**FILED**  
01 SEP 24 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KR/mjp

Enclosures: a/s

cc: Michelle Brignac, President  
Dermatology Consulting, P.A.

*P97000003435*  
*RALen*  
*295*  
*9-24-01*  
*OM*

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is DERMATOLOGY CONSULTING, P.A.

SECOND: The address of its present registered agent is 305 Main Street, Destin, Florida 32541

THIRD: The address to which its registered agent is to be changed is 700 S. Scott Dr. Hypoxia, FL 33462  
Apt #203

FOURTH: The name of its present registered agent is Kathleen Reynolds

FIFTH: The name of its successor registered agent is Michele Brignac

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by the board of directors.

Dated 9-14, 2001.

DERMATOLOGY CONSULTING, P.A.

(exact corporate name)

SIGNATURE: Michele Brignac  
(President or Vice President)

DATE: 9-14-01

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

FILING FEE: \$35.00

SIGNATURE: Michele Brignac

DATE: 9-14-01

DIVISION OF CORPORATIONS - PO BOX 6327 - TALLAHASSEE, FL 32314

FILED  
SEP 24 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA