## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080054 (4)

DERMATOLOGY REVENUE RECOVERY ASSOCIATES, INC.

## **FILED** Mar 31 1998 8:00am Secretary of State



Mailing Address   1398 SEMORAN BLVD. #102   1398 SEMORAN BLVD. #102   28. Mailing Address   28. Mailing Address   29. Principal Place of Business   29. Principal Place of Busin
CASSELBERRY FL 32707  COUNTY ST 2700  COUNTY ST 2700
2. Principal Place of Business 3. Date Incorporation of Status Desired 3. Principal Place of Business 4. Principal Place of Business 5. Certificate of Status Desired Status Desired 5. Certificate of Status Desired
2. Principal Place of Business 21 13 9 8 Semoran BIVD 26 3 9 8 Semoran BIVD 4. FEI Number 59-34 Upl 59 Not Applicable 59-34 Upl 59 Not Applicable 59-34 Upl 59 Not Applicable 59-34 Upl 59 Suite, Apt. #, etc. 27 Upl 5 State 28 Upl 59 Suite, Apt. #, etc. 27 Upl 5 State 29 Upl 50 Suite, Apt. #, etc. 27 Upl 5 State 29 Upl 50 Suite 50 Upl 50 Suite 50 Upl 50 State 50 Upl 50 U
2. Principal Place of Business   22. Mailling Address   26   3 9 8 Semoran Blvd   5. Certificate of Status Desired   5. Certificate   5. Certificate of Status Desired   5. Certificate   5. Cer
21 13 9 8 Semoran Blvd 26 13 9 8 Semoran Blvd 59 - 34 lol 59   Not Applicable Suite, Apt. #, etc.   Soute, Apt
Suite, Apt. #, etc.    Suite, Apt. #, etc.
22   102   27   102   5. Certificate of Status Desired   Fee Required
City & State   City
23  C Q S S e   Deffy
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Street Agent   Street Agent   Street Address of New Registered   Street Address of
Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  ELLZEY, KARL M  1398 SEMORAN BLVD. \$102  CASSELBERRY FL 32707  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statules  SIGNATURE  Signature by ed or printed name of registered agent and title 4 approache  (NOTE: Registered Agent signature required when relination)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE  11 TITLE  D Change Addition  Addition  DELETE  11 ACITY-S1-ZIP  TITLE  D Change Addition  Change Addition
Solution
ELLZEY, KARL M 1398 SEMORAN BLVD. #102 CASSELBERRY FL 32707  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  85 In Particular 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:  Signature
1398 SEMORAN BLVD. #102 CASSELBERRY FL 32707  82 Street Address (P.O. Box Number is Not Acceptable)  83
CASSELBERRY FL 32707  83  City  FL  85  Cip 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 agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Typied or printed name of registered agent and talled approached (NOTE: Registered Agent signature required when reinstating)  DATE  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Addition  12 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D CLASSELBERRY FL 32707  14. CITY-ST-ZIP  TITLE  Change Addition
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Signature. Ly and or printed name of registered again and talled approach (NOTE: Registered Againt signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         D         □ DELETE         1.1 TITLE         □ Change         □ Addition           NAME         ELLZEY, KARL M         12 NAME         12 NAME         ISTREET ADDRESS         ISTREET ADDRESS <t< th=""></t<>
TITLE         D         DELETE         1.1 TITLE         Change         Addition           NAME         ELLZEY, KARL M         12 NAME         12 NAME
NAME         ELLZEY, KARL M         12 NAME           STREET ADDRESS         1398 SEMORAN BLVD. ≠102         1.3 STREET ADDRESS           City-St-zip         CASSELBERRY FL 32707         1.4 City-St-zip           Title         D         DELETE         2.1 Title         Change         Addition
STREET ADDRESS   1398 SEMORAN BLVD. #102   1.3 STREET ADDRESS
CITY-ST-ZIP         CASSELBERRY FL 32707         1.4 CITY-ST-ZIP           TITLE         D         DELETE         2.1 TITLE         Change         Addition
TITLE D DELETE 2.1 TITLE Change Addition
NAME VILLIAMO, SUDAN E 22 NAME
STREET ADDRESS 1398 SEMORAN BLVD. #102 2.3 STREET ADDRESS
CITY-SI-ZIP CASSELBERRY FL 32707 2 4 CITY-SI-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 32 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
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 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TiTLE         Change         Addition
TITLE DELETE 6.1 TITLE Change Addition
TITLE         DELETE         6.1 TiTLE         Change         Addition           NAME         62 NAME

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 a 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 intrachment with an address.

CNATURE:

3-25-98 Un7-1/77-700.