2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# P98000035612

Entity Name: DERMATOLOGY AND SKIN SURGERY CENTER, P.A.

Current Principal Place of Business:

1134 CELEBRATION BLVD
CELEBRATION, FL 34747

New Principal Place of Business:

410 CELEBRATION PLACE
SUITE 301
CELEBRATION, FL 34747

Current Mailing Address:

P.O. BOX 470396
CELEBRATION, FL 347470396

New Mailing Address:

FEI Number: 59-3503727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODLESS, DEAN R
1134 CELEBRATION BLVD
CELEBRATION, FL 347474678 US

Name and Address of New Registered Agent:

GOODLESS, DEAN R
410 CELEBRATION PLACE
SUITE 301
CELEBRATION, FL 347474678 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 03/29/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GOODLESS, DEAN R
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 347474678

Title: D ( ) Delete
Name: GOODLESS, DEAN R
Address: 1134 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 347474678

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: GOODLESS, DEAN R
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 347474678

Title: D (X) Change ( ) Addition
Name: GOODLESS, DEAN R
Address: 410 CELEBRATION PLACE SUITE 301
City-St-Zip: CELEBRATION, FL 347474678

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN R GOODLESS MD PRES 03/29/2006
Electronic Signature of Signing Officer or Director — Date