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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90014 046 ***150.00

DOCUMENT # P98000036979

1. Corporation Name

DERMATOLOGY ASSOCIATES, P.A.

* 4 7 5 4 8 3 *
475483 - 90014 - 46

Principal Place of Business	Mailing Address
3704 Holly Grove Avenue Jacksonville, FL 32217	11247 San Jose Blvd., #216 Jacksonville, FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: April 21, 1998

2. Principal Place of Business	2a. Mailing Address
21 3661 Crown Point Court	26 3661 Crown Point Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip 24 32257 Country 25	Zip 29 32257 Country 30

4. FEI Number 59-3505767 ☐ 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P/S ☒ Change ☐ Addition
NAME	HOCHMAN, LISA G., M.D.	1.2 NAME	HOCHMAN, LISA G., M.D.
STREET ADDRESS	11247 SAN JOSE BLVD., #216	1.3 STREET ADDRESS	3661 CROWN POINT COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	☐ DELETE	2.1 TITLE	D/VP/T ☐ Change ☒ Addition
NAME		2.2 NAME	JENKINS-PILCHER, DREAMA S., M.D.
STREET ADDRESS		2.3 STREET ADDRESS	3661 CROWN POINT COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 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		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	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ LISA G. HOCHMAN, M.D. 4/21/99 904-880-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #