

08021999-90004-044-\$150.00-\$150.00

FILED  
Aug 02, 1999 8:00 am  
Secretary of State

08-02-1999 90004 044 \*\*\*150.00

SECOND NOTICE: YOUR CORPORATION WILL BE DEEMED TO HAVE FORGOTTEN TO FILE AN ANNUAL REPORT IF YOU DO NOT FILE AN ANNUAL REPORT BY THE DUE DATE.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000048503** ✓  
 1. Corporation Name  
**PALM BEACH DERMATOLOGY, INC.**



Principal Place of Business 470 COLUMBIA DRIVE WEST PALM BEACH FL 33409	Mailing Address 470 COLUMBIA DRIVE WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/28/1998**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>65-0846826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FARRELL, JAMES A**  
**250 AUSTRALIAN AVE SO STE 500 W**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSENBERG, STEVEN	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOLLOFF, DAN	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FAYNE, SCOTT	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIBACCO, ROBERT	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, ART	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZWECKER, WARREN	
STREET ADDRESS	470 COLUMBIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sokoloff, Dan</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven Rosenberg* **7/30/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/99)