


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000100151 1. Entity Name DERMATOLOGY ASSOCIATES OF THE TREASURE COAST, P.A.	
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Principal Place of Business 900 E OCEAN BLVD, SUITE 240 STUART, FL 34994	Mailing Address 900 E OCEAN BLVD, SUITE 240 STUART, FL 34994
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0878635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KING, DANIEL 900 E OCEAN BLVD, SUITE 240 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, DANIEL 900 E OCEAN BLVD, SUITE 240 STUART, FL 34994
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01/24/05-80037-001 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel King MD* **1/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #