


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90010 036 \*\*\*550.00

**DOCUMENT # P99000030894**

1. Entity Name  
**DERMCARE ASSOCIATES, P.A.**



Principal Place of Business Mailing Address  
~~6250 SUNSET DR 202 SOUTH MIAMI FL 33143~~ **7800 SW 87 Ave C300 Miami, FL 33173**  
~~6250 SUNSET DR 202 SOUTH MIAMI FL 33143~~

**24081964**



MOORE CR2E034 (4/04)

2. Principal Place of Business Suite, Apt. #, etc.  
**7800 SW 87 Ave C300**

3. Mailing Address Suite, Apt. #, etc.  
**same**

City & State **Miami, FL** City & State

4. FEI Number **65-0917940** Applied For  Not Applicable

Zip **33173** Country **Miami, FL** Zip **33173** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CROWELL, JUDITH E MD**  
~~6250 SUNSET DR 202 S MIAMI FL 33143~~ **7800 SW 87 Ave C300 Miami, FL 33173**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State.**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CROWELL, JUDITH E MD
STREET ADDRESS	<del>6250 SUNSET DR 202 S MIAMI FL 33143</del> <b>7800 SW 87 Ave C300 Miami, FL 33173</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **8/10/04** **305-274-0221**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #