2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000030894

1. Entity Name
DERMCARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
7800 SW 87 AVE C 300 MIAMI, FL 33173	7800 SW 87 AVE C 300 MIAMI, FL 33173

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

CROWELL, JUDITH E MD
7800 SW 87 AVE
C 300
MIAMI, FL 33173

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROWELL, JUDITH E MD
STREET ADDRESS	7880 SW 87 AVE C 300
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80018-009 150.00

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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: Judith Crowell MD 305-274-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #