

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000030894

1. Entity Name
DERMCARE ASSOCIATES, P.A.



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

Mailing Address
7800 SW 87 AVE
C 300
MIAMI, FL 33173



03192008 No Chg-P CR2E034 (11/05)

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000939957
05/28/08-80046-021 150.00

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (305) 274-0221
Date Daytime Phone #