

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066596

FILED
Mar 15, 2005
Secretary of State

Entity Name: ORLANDO DERMATOLOGY, INC.

Current Principal Place of Business:

5385 CONROY ROAD
STE. 104
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

8601 VISTA POINT COVE
ORLANDO, FL 32836 US

New Mailing Address:

FEI Number: 59-3593636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33314132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LATEEF, FAROOQ MD
Address: 8601 VISTA POINT COVE
City-St-Zip: ORLANDO, FL 32836

Title: ST () Delete
Name: BAKSHI, FAUZIA
Address: 8601 VISTA POINT COVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FBAKSHI

ST

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date