2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102072

Entity Name: THE DERMATOLOGY CLINIC, P.A.

FILED Apr 28, 2005 Secretary of State

Current Pr	incipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
SUITE 3B	3TH STREET ON, FL 3348				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 3B	3TH STREET ON, FL 3348				
FEI Number:	65-0962920	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	and Address of New Registered Agent:	
201 S. BISC	PORATE SE CAYNE BLVD 33131 US	RVICES, INC. ., STE 300			
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			ent	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D (CALOBRISI, S) Delete TELLA D M.D.	Title: Name:	() Change () Addition	

880 N.W. 13TH STREET SUITE 3B Address: Address: City-St-Zip: BOCA RATON, FL 33486 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: STELLA D CALOBRISI D 04/28/2005