FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S00837** **(2)**

1. Corporation Name

CENTER FOR DERMATOLOGY AND SKIN SURGERY, INC.

Principal Place of Business
~~P.O. BOX 350320~~
~~TAMPA FL 33695~~

Mailing Address
~~P.O. BOX 350320~~
~~TAMPA FL 33695~~

2. Principal Place of Business
21 3450 E. Fletcher Ave.
Suite, Apt. #, etc.
22 Suite 220
City & State
23 Tampa
Zip 24 33613 Country 25 USA

2a. Mailing Address
26 P.O. Box 82629
Suite, Apt. #, etc.
27 N/A
City & State
28 Tampa FL
Zip 29 33682-2629 Country 30 USA

3. Date Incorporated or Qualified: 09/17/1990

3a. Date of Last Report: 03/17/1995

4. FEI Number: 59-3026963 — Applied For / Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROPER, MARY L
~~3000 MEDICAL PARK DRIVE, 104~~
~~TAMPA FL 33613~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3450 E. Fletcher
83 Suite 220
84 City Tampa FL 85 Zip Code 33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary L. Proper — Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where name changed) DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PROPER, STEVEN	
STREET ADDRESS	~~3000 MEDICAL PARK DRIVE~~ 3450 E. Fletcher Ave., Ste 220	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	ST	☐ DELETE
NAME	PROPER, MARY	
STREET ADDRESS	~~300 MEDICAL PARK DRIVE, 104~~ 3450 E. Fletcher Ave., Ste. 220	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L. Proper (MARY L. PROPER) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/2/96 — Daytime Phone #: 813-977-3600

CR2E034 (12/95)