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 # S92202 (8)

1. Corporation Name: **NAPLES DERMATOLOGY, P.A.**

Principal Place of Business:
4085 TAMIAMI TRAIL NORTH
SUITE B-203
NAPLES FL 33940

Mailing Address:
4085 TAMIAMI TRAIL NORTH
SUITE B-203
NAPLES FL 33940

3. Date Incorporated or Qualified: 11/05/1991
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business: 21 | Suite, Apt. #, etc.: 22 | City & State: 23 | Zip: 24 | Country: 25

2a. Mailing Address: 26 | Suite, Apt. #, etc.: 27 | City & State: 28 | Zip: 29 | Country: 30

4. FEI Number: 65-0330409 — ☐ 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

ROSS, SCOTT A.
4085 TAMIAMI TRAIL NORTH
SUITE B-203
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	PT	VPS				
NAME	ROSS, SCOTT A.	LUGO, GERARDO J.				
STREET ADDRESS	4085 TAMIAMI TRAIL N	4085 TAMIAMI TRAIL N				
CITY-ST-ZIP	NAPLES FL	NAPLES FL				
DELETE	☐	☐	☐	☐	☐	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	1	2	3	4	5	6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
☐ Change ☐ Addition						

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: [signature] Scott Ross — 2/14/96 — 941 261 1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)