

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 23 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # V14960 (1)

1. Corporation Name

CENTRAL FLORIDA COSMETIC DERMATOLOGY ASSOCIATES,
P.A.

Principal Place of Business

Mailing Address

~~901 DOUGLAS AVE~~
~~SUITE 100~~
ALTAMONTE SPRINGS FL 32714

~~901 DOUGLAS AVE~~
~~SUITE 100~~
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

21 225 SOUTH WESTMONTE DRIVE

Suite, Apt. #, etc

22 SUITE 2050

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 225 SOUTH WESTMONTE DRIVE

Suite, Apt. #, etc

27 SUITE 2050

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

08/11/1995

4. FEI Number

59-3117532

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

10. Name and Address of New Registered Agent

FREILICH, IRA W.
~~901 DOUGLAS AVE~~
~~SUITE 100~~
ALTAMONTE SPRINGS FL 32714

CHANGE OF
ADDRESS
ONLY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

225 SOUTH WESTMONTE DRIVE

83

SUITE 2050

84

City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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

Signature typed or printed name of registered agent and the applicable

(If the Registered Agent signature required when renewing)

(Date)

8/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D FREILICH, IRA W.

STREET ADDRESS ~~901 DOUGLAS AVE #100~~ ADDRESS CHANGE

CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

225 SOUTH WESTMONTE DRIVE #2050
ALTAMONTE SPRINGS FLORIDA 32714

☐ Change ☐ Addition

100001948621

-08/27/96--D1144--004

****225.00 ****225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA FREILICH President 8/2/96 (407) 682 1010

CR2E034 (3/96)