

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: _____
Dermatology Associates, P.A. of the Palm Beaches

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 120A Butler Street, West Palm Beach, FL 33407

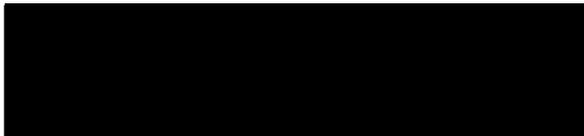
Name of Agent Designated to Receive Notification of Claimed Infringement: Suzy Ayoub

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
120A Butler Street
West Palm Beach, FL 33407

Telephone Number of Designated Agent: 561-659-0495

Facsimile Number of Designated Agent: 561-659-0459

Email Address of Designated Agent: suzyayoub@aol.com



of the Designating Service Provider:
Date: 5/8/13

Typed or Printed Name and Title: Susie Ayoub Prae. Admin

**Note: This Interim Designation Must be Accompanied by a Filing Fee*
Made Payable to the Register of Copyrights.**

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
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Washington, DC 20024



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