

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # P 91000066596

1. Entity Name  
**ORLANDO DERMATOLOGY, INC.**

FILED

02 MAR 20 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5385 CONROY RD**

Suite, Apt. #, etc.

**Ste 104**

3. Mailing Address

**8511 GRANADA BLVD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO**

**FL**

City & State

**ORLANDO, FL**

4. FEI Number

**59-3593636**

Applied For

Not Applicable

Zip

**32811**

Country

**USA**

Zip

**32836**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**FLINGS, INC.**

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

**3732 N.W. 16th St**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33311**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

|  |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>FAROOQ LATIEF, MD<br/>8511 GRANADA BLVD<br/>ORLANDO, FL 32836</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY/TREASURER<br/>FAUZIA BAKSHI<br/>8511 GRANADA BLVD<br/>ORLANDO, FL 32836</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>800005193068--5<br/>-04/04/02--01067--029<br/>*****61.25 *****61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/02**  
Date

**407-351-1888**  
Daytime Phone #

CR2E034B (12/01)