

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601446

1. Entity Name

DERMATOLOGY ASSOCIATES, P.A., OF THE PALM BEACHE

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90054 011 \*\*\*150.00

Principal Place of Business

Mailing Address

~~200 BUTLER STREET~~  
~~SUITE 101~~  
~~WEST PALM BEACH FL 33407~~

~~200 BUTLER STREET~~  
~~SUITE 101~~  
WEST PALM BEACH FLA 33407-6106

2. Principal Place of Business

120-A Butler St.

3. Mailing Address

120-A Butler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
West Palm Beach, FL.

City & State  
West Palm Beach, FL.

Zip  
33407-6036

Country  
USA

Zip  
33407-6036

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1271292

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, HOWARD  
~~200 BUTLER STREET~~ 120-A Butler St.  
WEST PALM BEACH FL 33407-6036

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
GOODMAN, J JOHN  
200 BUTLER STREET  
W PALM BCH, FL 00000 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
GREEN, HOWARD A  
~~200 BUTLER ST~~  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Green, Howard A.  
120- Butler St.  
West Palm Beach, FL. 33407-6036 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 659-1510