

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90077 002 ***150.00

DOCUMENT # 602862

1. Entity Name

VICTOR E. VAILE III, M.D., P.A.



Principal Place of Business
CENTRAL FL. DERMATOLOGY
475 EAST CENTRAL AVE
WINTER HAVEN FL 33880

Mailing Address
CENTRAL FL. DERMATOLOGY
475 EAST CENTRAL AVE
WINTER HAVEN FL 33880



2. Principal Place of Business

2024 KIRKLAND RD

Suite, Apt. #, etc.

3. Mailing Address

2024 KIRKLAND RD

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

AUBURNDALE FL

City & State

AUBURNDALE FL

4. FEI Number **59-1357522**

Applied For

Not Applicable

Zip

Country

33823

Zip

Country

33823

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAILE III, VICTOR E MD
475 EAST CENTRAL AVE
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name **MARSHA HOFFMAN-VAILE**

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

2024 KIRKLAND RD

City

AUBURNDALE

FL

Zip Code

33823

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **VAILE, VICTOR E III**
STREET ADDRESS **475 EAST CENTRAL AVE**
CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE **D** ☐ Delete
NAME **HOFFMAN-VAILE, MARSHA**
STREET ADDRESS **3810 S. FLORIDA AVE.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☒ Change ☐ Addition
NAME **HOFFMAN-VAILE, MARSHA**
STREET ADDRESS **2024 KIRKLAND RD**
CITY-ST-ZIP **AUBURNDALE FL 33823**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARSHA HOFFMAN-VAILE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)