

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90042 024 \*\*\*\*61.25

**DOCUMENT # 737016**

1. Entity Name

**HOWARD COUNTY DERMATOLOGY SOCIETY, INC.**

Principal Place of Business

Mailing Address

7421 NORTH UNIVERSITY DRIVE  
 SUITE 312  
 TAMARAC FL 33321  
 US

7421 NORTH UNIVERSITY DRIVE  
 SUITE 312  
 TAMARAC FL 33321  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0027432**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBINSTEIN, RICHARD**  
**7421 NORTH UNIVERSITY DRIVE**  
**SUITE 312**  
**TAMARAC FL 33321**

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

*Richard Rubenstein*

1/7/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **GLICK, BRAD**  
 STREET ADDRESS **5800 COLOUR M DRIVE**  
 CITY-ST-ZIP **MARGATE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **MEIRSON, DAN M.D.**  
 STREET ADDRESS **1 WEST SAMPLE ROAD, SUITE 201**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TP**  Delete  
 NAME **RUBENSTEIN, RICHARD**  
 STREET ADDRESS **7421 NORTH UNIVERSITY DRIVE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TDMC**  Delete  
 NAME **ZEOLI, KATHRYN**  
 STREET ADDRESS **21 COMPASS RD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PC**  Delete  
 NAME **WILSON, MARONA DR.**  
 STREET ADDRESS **RIVERSIDE DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 617, 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:

*Richard Rubenstein*

1/7/02 954 720-7272

CR2E037 (9/01)