

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F86138 1. Entity Name THE DERMATOLOGY GROUP, P.A.	
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Principal Place of Business 521 W. SR 434, STE. 202 LONGWOOD, FL 32750	Mailing Address 521 W. SR 434, STE. 202 LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2198263	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENWALD, JEFFREY S., M.D. 521 W. SR 434 SUITE 202 LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WISE, THOMAS G, MD 302 SWEETWATER CLUB CIR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GREENWALD, JEFFREY S 104 BLUE LAKE CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HENNER, MICHAEL S 1148 KEYES AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS DEMETRIUS, ROBERT W 281 KIPLING COURT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-80070-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	1-20-05 407-332-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #