2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F86138

1. Entity Name
THE DERMATOLOGY GROUP, P.A.

Principal Place of Business	Mailing Address
521 W. SR 434, STE. 202 LONGWOOD, FL 32750	521 W. SR 434, STE. 202 LONGWOOD, FL 32750

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2198263
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, JEFFREY S., M.D.
521 W. SR 434
SUITE 202
LONGWOOD, FL 32750

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	WISE, THOMAS G, MD
STREET ADDRESS	302 SWEETWATER CLUB CIR.
CITY-ST-ZIP	LONGWOOD, FL
TITLE	DP
NAME	GREENWALD, JEFFREY S
STREET ADDRESS	104 BLUE LAKE CT.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVP
NAME	HENNER, MICHAEL S
STREET ADDRESS	1148 KEYES AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DAS
NAME	DEMETRIUS, ROBERT W
STREET ADDRESS	281 KIPLING COURT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/06-80010-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2.2.06 407-332-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #