

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F86138

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



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

Mailing Address
**521 W. SR 434, STE. 202
LONGWOOD, FL 32750**



01072008 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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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

000000785760
01/17/08-80014-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas G. Wise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

407-332-8080

Daytime Phone #