

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90138 035 \*\*\*150.00

DOCUMENT # K17771

1. Entity Name  
DOCTORS SKIN CARE INSTITUTE MEDICAL CLINIC, INC.



Principal Place of Business

~~2215 N.E. 20TH ST~~  
~~N. MIAMI BCH FL 33180~~

16710 Senterra Dr

Mailing Address

16710 SENTERRA DR  
DELRAY BCH FL 33484  
US

2. Principal Place of Business

16710 Senterra Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach Fla.

City & State

Zip

33484

Country

USA

Zip

33484

6. Name and Address of Current Registered Agent

BRODY, LOUISE

~~2215 N.E. 20TH ST~~

~~N. MIAMI BCH FL 33180~~

16710 Senterra Dr.

Delray Bch. Fl. 33484

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

SIGNATURE

*Louise Brody*

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

(NOTE: Registered Agent signature required when reinstating)

*Jan 24, 2003*

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	P	<input type="checkbox"/> Delete
NAME	FEINSTEIN-BRODY LOUISE	
STREET ADDRESS	16710 SENTERRA DR	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEINSTEIN-BRODY, LOUISE	
STREET ADDRESS	16710 SENTERRA DR	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Louise Brody Feinstein* 1-24-03 361-637-4748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)