

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91156 013 \*\*\*150.00

DOCUMENT # K37762

1. Entity Name:  
**MID-FLORIDA DERMATOLOGISTS, INC.**

Principal Place of Business Mailing Address  
 100 W. Gore St., Suite 602 100 W. Gore St., Suite 602  
 Orlando, FL 32806-4815 Orlando, FL 32806-1051

2. Principal Place of Business 3. Mailing Address  
 1111 So. Orange Avenue 1111 So. Orange Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 4th Floor 4th Floor

City & State City & State  
 Orlando, FL Orlando, FL

Zip Country Zip Country  
 32806 USA 32806 USA

## 6. Name and Address of Current Registered Agent

Gutierrez, Michael M., M.D.  
 9700 Wentworth Ct  
 Windermere, FL 34786

4. FEI Number Applied For  
 59-2912853 Not Applicable

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

## 7. Name and Address of New Registered Agent

Name  
**Stephen R. Looney**  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 So. Orange Avenue  
 Suite 2600  
 City Orlando FL Zip Code 32802

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 Stephen R. Looney Stephen R. Looney 4/26/2001  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001, Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Shirer, Joseph A., Jr.	
STREET ADDRESS	720 Palmer Avenue	
CITY-ST-ZIP	Winter Park, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gutierrez, Michael M.	
STREET ADDRESS	9700 Wentworth Ct.	
CITY-ST-ZIP	Windermere, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Knipe, Ronald C.	
STREET ADDRESS	4813 Lorraine Way	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirer, Joseph A., Jr.	
STREET ADDRESS	1111 So. Orange Ave., 4th Floor	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Michael M.	
STREET ADDRESS	1111 So. Orange Ave., 4th Floor	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael M. Gutierrez, President

Date

4/26/2001

Daytime Phone #