2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42469

1. Entity Name

DERMATOLOGY SPECIALTIES, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90729 029 ***150.00

Principal Place of Business % KENNETH C. HERTZ 9065 S.W. 87TH AVE #109 MIAMI FL 33176			Mailing Address % KENNETH C. HERTZ 9065 S.W. 87TH AVE #109 MIAMI FL 33176							
2. Principal F	Place of Busine	SS	3. Mailing Address					OFOFI OIDIA ULUIT OK	ALL BIDAL LOGI	
Suite, Apt.	. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FE	1 Number 65-0105776		pplied For ot Applicable		
Zip		Country	Zip	Co	ountry	5Ce	ertificate of Status Desired	\$8.75 Add	litional	
	6. Name a	nd Address of Current	Registered Ager	nt	7. Name and Address of New Registered Agent					
					Name					
HERTZ, K	enneth C.			Street Addre			s (P.O. Box Number is Not Acceptable)			
9065 S.W.	. 87TH AVE.,	#109								
MIAMI FL	33176									
		يون داداد			City		F	L Zip Code		
8. The above the obligation	e named entity s tions of register	submits this statement for ed agent.	or the purpose of o	hanging its regist	tered office or regis	tered agen	it, or both, in the State of Florida. I an	n familiar with,	and accept	
SIGNATURE	Signature, typed or	्रं। printed name of registered agent	and title it applicable.	(NOTE: Regis	tered Agent signature requi	iired when reins	stating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	1	1.	ADD	ITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	S IN 11	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

moth c. Hertz MD 4/4/03

305-271-780

Davtime Phone #

CR2E034 (10/02)