## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # K44353 Entity Name FILED Mar 15, 2000 8:0

1. Entity Name  ATLANTIC DERMATOLOGY MANAGEMENT		EMENT, INC.		Nar 15, 2000 8:00 am Secretary of State 03-15-2000 90118 026 ***150.00	
Principal Plac	e of Business	Mailing Address			
FT LAUDERDALE FL 33313 20 US FT		4408 W. OAKLAND P 200 S PARK RD. STI FT. LAUDERDALE FL US	E 460	ハゼしょり いんし	
2. Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0094926 Applied For Not Applied ber	-
Zip	. Country	- Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		1
4000	mer, robert m. ) Hollywood Boulevard Te 485 South	1	Street Address	(P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33021	:	City	FL Zip Code	1
	Signature, typed or printed name of registered agen pration is eligible to satisfy its Intangible	e FILE N	(NOTE. Registered Agent signature require	d when reinstating)  DATE  10. Election Campaign Financing \$5.00 May Be	
_	equirement and elects to do so.		1, 2000 Fee will be \$550.00 Payable to Department of St	Trust Fund Contribution Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	چ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SIEGEL, GEOFFREY M. 4408 W. OAKLAND PARK BLVD FT. LAUDERDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS .CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 attachmen with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 904 133 5452