

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91183 001 ***100.00

DOCUMENT # L00000013158

1. Entity Name

DERMATOLOGY HEALTHCARE, L.L.C.

Principal Place of Business

**7902 W. WATERS AVENUE SUITE G & H
TAMPA FL 33615**

Mailing Address

**7902 W. WATERS AVENUE SUITE G & H
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASSMAN, ALAN S ESQUIRE
1245 COURT STREET SUITE 102
CLEARWATER FL 33756**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **NORMAN, ROBERT A D.O.**
STREET ADDRESS **7902 W. WATERS AVENUE SUITE G & H**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **NORMAN, CAROL**
STREET ADDRESS **7902 W. WATERS AVENUE SUITE G & H**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/02

**813
880-7546**

Daytime Phone #

CR2E083 (9/01)