

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001441

1. Entity Name  
DERMATOLOGIC AND COSMETIC SURGERY CENTER, LC

Principal Place of Business  
2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

Mailing Address  
2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

FILED

01 JAN 17 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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  
65-0898826

APPLIED FOR  
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

EBY, CHARLES S  
2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS EBY, JEAN B  
CITY-ST-ZIP 2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003568179--1  
CITY-ST-ZIP -01/23/01--01089--028  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: JEAN EBY, Manager

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

1-11-2001

Date

Daytime Phone #

CR2E083 (11/00)