

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01889

1. Entity Name

PHYSICIANS' DERMATOLOGY AND SKIN CARE CENTERS, I

Principal Place of Business

3449 JOHNSTON ST.  
HOLLYWOOD FL 33021  
US

Mailing Address

3449 JOHNSTON ST.  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

STREET NAME IS SHELLED  
Suite, Apt. #, etc. JOHNSON

3. Mailing Address

517 N. RAINBOW DR.  
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number 59-2421328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EATON, GERALD T.  
517 N. RAINBOW DR.  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

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 STD  
NAME EATON, GERALD T.  
STREET ADDRESS 517 N. RAINBOW DR.  
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE PD  
NAME EATON, ELIZABETH C.  
STREET ADDRESS 517 N. RAINBOW DR.  
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not require 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

3/12/01 954-587-2398  
Date Daytime Phone

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90039 047 \*\*\*150.00

C0035704



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)