## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## M01889 **DOCUMENT#**

HOLLYWOOD FL 33021

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

EATON, ELIZABETH C

517 N. RAINBOW DRIVE

6. Name and Address of Current Registered Agent

Country

Entity Name PHYSICIANS' DERMATOLOGY AND SKIN CARE CENTERS, I					
rincipal Place of Business	Mailing Address				
17 N. RAINROW DRIVE	517 N. BAINBOW DRIVE				

US

HOLLYWOOD FL 33021

3. Mailing Address

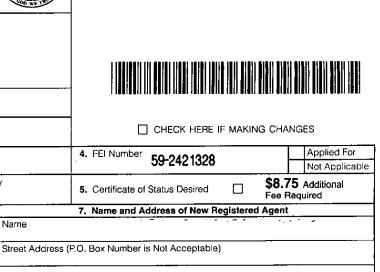
City & State

Zip

Suite, Apt. #, etc.

**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90960 050 \*\*\*150.00



HOLLYWO	OD FL 33021							
			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. I am familiar with, and accept the obligations of registered agent.  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 \$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.	Ā	5.00 May Be dded to Fees		
10.	OFFICERS AND DIRECTO	RS	11.	AD!	DITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, ELIZABETH C. 517 N. RAINBOW DR. HOLLYWOOD FL 33021	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge 🗌 Addition	
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Country

Name

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the supplementary of the corporation of the received by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the supplementary of the supplementary o

SIGNATURE:

CR2E034 (10/02)