

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90323 021 ***150.00

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1. Entity Name

HECKER DERMATOLOGY GROUP, P.A.



Principal Place of Business

1800 NORTH FEDERAL HIGHWAY
SUITE 202
POMPANO BEACH FL 33062

Mailing Address

1800 NORTH FEDERAL HIGHWAY
SUITE 202
POMPANO BEACH FL 33062



2. Principal Place of Business

3500 NE 5 AVE

Suite, Apt. #, etc.

3. Mailing Address

3500 NE 5 AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1027652

Applied For

Not Applicable

Zip

Country

33064 USA

Zip

Country

33064 USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HECKER, MELANIE S MD
1800 NORTH FEDERAL HIGHWAY
SUITE 202
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

HECKER, MELANIE S MD

Street Address (P.O. Box Number is Not Acceptable)

3500 NE 5 AVE

City

Pompano Beach

FL

Zip Code

33064

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

14 Apr. 2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HECKER, MELANIE S MD
STREET ADDRESS 1800 NORTH FEDERAL HWY #202
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME HECKER, MELANIE S MD
STREET ADDRESS 3500 NE 5 AVE
CITY-ST-ZIP Pompano Beach FL 33064

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

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

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

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Apr 2005

Date

954 783-2323

Daytime Phone #