

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000016036

1. Entity Name
DERMATOLOGY ADVANCED CARE, P.A.



Principal Place of Business
2433 MAHAN DRIVE
TALLAHASSEE, FL 32308

Mailing Address
P O BOX 15155
TALLAHASSEE, FL 32317

FILED
05 APR 25 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FL 32309



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0586899

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DR
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CALDWELL, J BREWSTER
2433 MAHAN DRIVE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

900054004209
05/06/05--01047--016 **158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 219 8811