2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000003612 **DOCUMENT #**

1. Entity Name

KENNETH W. FIELDS DERMATOLOGY, P.A.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90138 011 ***150.00

			1	S WE US			
Principal Pl 5100 TAMIA 102	ace of Business MI TRAIL, N.	Mailing Address 5100 TAMIAMI TRAIL, N. 102			* * * * * * * * * * * * * * * * * * *	. .	
NAPLES FL 33940		NAPLES FL 33940					
US	•	· · · · · · ·	US				
2. Principal Place of Business		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES	3
City & State		City & State			4. FEI Number 65-0231090 Applied For		
Zíp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Current Re	egistered Agent	' _		7. Name and Address of New Registered A	ee Require	ed ————
EIEI DO I	KENNETH W		Name		Togister da A		
	MIAMI TRAIL, N., #102		Stree	t Address (P.	P.O. Box Number is Not Acceptable)		
SUITE C			ļ -				
NAPLES !	FL 33940		City		FL	Zip Coo	 de
8. The abov	e named entity submits this statement for the	ne purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am fal	miliar with	and accort
• the obliga	ations of registered agent.			-	,	miliar widi,	апо ассері
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE					
	FILE NOW!!! FEE IS \$150.00	The Lappicable. (Note	E: Registered Agent sig	nature required w	when reinstating) DATE		
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	tate			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND DI	RECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR	S IN 11
TITLE	PSTD	□ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	FIELDS, KENNETH W 5100 TAMIAMI TRAIL, N., #102		NAME				
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		STREET ADDRESS	3			
	TAN ELO TE		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
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NAME		LJ DOING	NAME		L	Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				1
TITLE		☐ Delete	CITY-ST-ZIP				
NAME .		□ Delete	TITLE NAME			Change	Addition
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TITLE	· · · · · · · · · · · · · · · · · · ·	□ Poleto	7(7) 5	 	· · · · · · · · · · · · · · · · · · ·		

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 eport 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition