

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-09-2003 90111 025 ***150.00

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

DOCUMENT # **P96000089400**

1. Entity Name

THE CENTRE FOR DERMATOLOGY AND CUTANEOUS SURGERY, INC.



Principal Place of Business
13685 DOCTORS WY
FORT MYERS FL 33912

Mailing Address
13685 DOCTORS WY
FORT MYERS FL 33912

55049012

2. Principal Place of Business
7310 College Parkway
Suite, Apt. #, etc.

3. Mailing Address
7310 College Parkway
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, Florida
Zip
33907

City & State
Fort Myers, Florida
Zip
33907

4. FEI Number **NOT APPLICABLE**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, JEFFREY N D O
13685 DOCTORS WY
FORT MYERS FL 33912**

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. 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, JEFFERY N 13685 DOCTORS WY FORT MYERS FL 33912 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEFFREY N MARTIN D O 13685 DOCTORS WY FORT MYERS FL 33912 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO MARTIN, JEFFREY N 13685 DOCTORS WY FORT MYERS FL 33912 ☐ 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	P Martin, Jeffery N. 7310 College Parkway Fort Myers, Florida 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jeffrey N. Martin, D.O. 7310 College Parkway Fort Myers, Florida 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.O. Martin, Jeffery N. 7310 College Parkway Fort Myers, Florida 33907 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Jeffrey N. Martin **DOUGIE Jeffrey N. Martin** 4/30/03 239-768-6100

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CP2E034 (10/02)