

.2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003435

1. Entity Name

DERMATOLOGY CONSULTING, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90010 045 ***150.00

Principal Place of Business

Mailing Address

124 POINTE CIRCLE
SANTA ROSA BEACH FL 32459

124 POINTE CIRCLE
SANTA ROSA BEACH FL 32540-5923

2. Principal Place of Business

89 Tarpon St.
Suite, Apt. #, etc.

3. Mailing Address

89 Tarpon St.
Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3456492

Applied For

Not Applicable

Zip

32541

Country

Okaloosa

Zip

32541

Country

Okaloosa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, KATHLEEN
255 MAIN ST
DESTIN FL 32451

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRIGNAC, MICHELE**
CITY-ST-ZIP **124 POINTE CIRCLE**
SANTA ROSA BEACH FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **89 Tarpon St.**
CITY-ST-ZIP **Destin, FL 32541**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

i3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michele Brignac**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

CR2E034 (9/99)