

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021365

1. Entity Name

ADVANCED DERMATOLOGY MANAGEMENT, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90007 034 ***150.00

Principal Place of Business

1111 PARK CENTER BLVD
SUITE 102
MIAMI FL 33169

Mailing Address

1111 PARK CENTER BLVD
SUITE 102
MIAMI FL 33169-5365

2. Principal Place of Business

1111 PARK CENTRE BLVD

Suite, Apt. #, etc.

360

3. Mailing Address

1111 PARK CENTRE BLVD

Suite, Apt. #, etc.

360

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33169

Country

Zip

33169

Country

4. FEI Number

65-0734508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURENCE, JODI B
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENE, RICHARD MD
1111 PARK CENTER BLVD, STE 102
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NESTOR, MARK S MD, PHD
1111 PARK CENTER BLVD, STE 102
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAGENER, DAVID
1111 PARK CENTER BLVD, STE 102
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILENTZ, JOEL
1111 PARKCENTER BLVD, SUITE 102
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/2000 3056235595

CR20014 (1/99)