

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90089 047 ***150.00

DOCUMENT # P97000021365

1. Entity Name
ADVANCED DERMATOLOGY MANAGEMENT, INC.

Principal Place of Business

~~2925 AVENTURA BLVD., STE. 207~~
~~AVENTURA FL 33180~~

Mailing Address

~~2925 AVENTURA BLVD., STE. 207~~
~~AVENTURA FL 33180~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 PARK CENTRE BLVD

Suite, Apt. #, etc.

SUITE # 360

City & State

MIAMI, FL.

Zip

33169

Country

U.S.A

3. Mailing Address

1111 PARK CENTRE BLVD

Suite, Apt. #, etc.

SUITE # 360

City & State

MIAMI, FL.

Zip

33169

Country

USA

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
2925 AVENTURA BLVD., STE. 207
AVENTURA FL 33180

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GREENE, RICHARD MD	
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, MARK S MD, PHD	
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAGENER, DAVID	
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILENTZ, JOEL	
STREET ADDRESS	1111 PARKCENTER BLVD, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)