

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90057 034 ***150.00

0634662 SP

DOCUMENT # P97000035820

1. Entity Name
PARKS DERMATOLOGY CENTER, P.A.

Principal Place of Business Mailing Address
400 LAKERIDGE PLAZA DRIVE **400 LAKERIDGE PLAZA DRIVE**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3449961 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARKS, JEFFREY D
400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH FL 32174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DP PARKS, JEFFREY D		NAME	
STREET ADDRESS 400 LAKE BRIDGE PLAZA DR		STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ST PARKS, PENNY E		NAME	
STREET ADDRESS 400 LAKE BRIDGE PLAZA DR		STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE:

Jeffrey Parks **Jeffrey Parks** **1-11-02** **386-677-9044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)