

2004

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

FILED

04 JAN -8 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA**DOCUMENT # P97000035820**1. Entity Name
PARKS DERMATOLOGY CENTER, P.A.Principal Place of Business
**400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174**Mailing Address
**400 LAKEBRIDGE PLAZA DRIVE
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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3449961

Applied For

Not Applicable

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

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$61.25

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**TITLE **DP** ☐ Delete
NAME **PARKS, JEFFREY D**
STREET ADDRESS **400 LAKEBRIDGE PLAZA DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**TITLE **ST** ☐ Delete
NAME **PARKS, PENNY E**
STREET ADDRESS **400 LAKE BRIDGE PLAZA DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Michael J. Suah**
STREET ADDRESS **400 Lakebridge Plaza Drive**
CITY-ST-ZIP **Ormond Beach, FL 32174**TITLE ☐ Change ☒ Addition
NAME **D/S Nancy L. Suah**
STREET ADDRESS **400 Lakebridge Plaza Drive**
CITY-ST-ZIP **Ormond Beach, FL 32174**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100026577151
01/09/04--01006--008 **150.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

12/29/03 386-255-8171

Date

Daytime Phone #

CR2E034 (10/02)