

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01252005 Chg-P CR2E034 (10/03)	
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 _____ (NOTE: Registered Agent signature required when transitioning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PARKS, JEFFREY D 400 LAKEBRIDGE PLAZA DR ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000212107 02/03/05-80018-002 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PARKS, PENNY E 400 LAKE BRIDGE PLAZA DR ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SUAH, MICHAEL J 400 LAKEBRIDGE PLAZA DRIVE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SUAH, NANCY L 400 LAKEBRIDGE PLAZA DRIVE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 _____		
_____			Date 1/31/05 Daytime Phone # _____		