2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000058068

1. Entity Name
BUCHBINDER DERMATOLOGY CENTER OF DEERFIELD BEACH, INC.

Principal Place of Business	Mailing Address
1880-A HILLSBORO BLVD DEERFIELD BEACH, FL 33442 US	1880-A HILLSBORO BLVD DEERFIELD BEACH, FL 33442 US

04262006 No Chg-P OR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEROW, JEFFREY S
4800 N. FEDERAL HWY
#307-B
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUCHBINDER, CHARLES
STREET ADDRESS	1800-A HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	BUCHBINDER, LIGAYA
STREET ADDRESS	1800-A HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000552783
05/15/06-80024-017 150.00

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12. I hereby 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: _____ 4/27/06 954-426-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #