

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90086 046 \*\*\*150.00

**DOCUMENT # P98000035612**

1. Entity Name

**DERMATOLOGY AND SKIN SURGERY CENTER, P.A.**

Principal Place of Business

Mailing Address

741 FRONT STREET #210  
 KISSIMMEE FL 34747-4678

P.O. BOX 470396  
 CELEBRATION FL 34747-0396

A0007855

2. Principal Place of Business

**1134 CELEBRATION BLVD**

3. Mailing Address

**NO CHANGE  
 FROM ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CELEBRATION, FL**

City & State

4. FEI Number **59-3503727**

Applied For  
 Not Applicable

Zip  
**34747**

Country  
**OSCEOLA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODLESS, DEAN R  
 741 FRONT STREET #210  
 KISSIMMEE FL 34747-4678**

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

**1134 CELEBRATION BLVD**

City

**CELEBRATION**

**FL**

Zip Code

**34747**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**MD, PRES DEAN R GOODLESS**

**1/13/00**

(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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GOODLESS, DEAN R 741 FRONT STREET #210 KISSIMMEE FL 34747-4678	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODLESS, DEAN R 741 FRONT STREET #210 KISSIMMEE FL 34747-4678	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <b>1134 CELEBRATION BLVD</b> <b>CELEBRATION, FL 34747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b> <b>1134 Celebration Blvd</b> <b>CELEBRATION, FL 34747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEAN R GOODLESS, PRES**

**1/13/00 907 5661616**

Date

Daytime Phone #