2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P98000048503 PBD+P, INC. PALM BEACH DERMATOLOGY, INC. 03-14-2001 90510 030 ***150.00 Mailing Address Principal Place of Business 470 COLUMBIA DRIVE 470 COLUMBIA DRIVE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0846826 Not Applicable \$8.75 Additional ~Zip - Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARRELL, JAMES A Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVE SO STE 500 W WEST PALM BEACH FL 33401 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITI F TITLE ☐ Delete ROSENBERG, STEVEN NAME NAME STREET ADDRESS **470 COLUMBIA DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change Addition Detete TITLE TITLE SOKOLOFF, DAN NAME NAME STREET ADDRESS **470 COLUMBIA DRIVE** STREET ADDRESS CITY-ST-7IP -CITY-ST-ZIP WEST-PALM BEACH FL 33409 ☐ Addition ☐ Change ☐ Delete TITLE TITLE FAYNE, SCOTT NAME NAME STREET ADDRESS **470 COLUMBIA DRIVE** STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DIBACCO, ROBERT NAME STREET ADDRESS STREET ADDRESS **470 COLUMBIA DRIVE** CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition Change Delete TITLE TITLE SMITH, ART NAME NAME STREET ADDRESS STREET ADDRESS 470 COLUMBIA DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ZWECKER, WARREN NAME STREET ADDRESS **470 COLUMBIA DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 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 the process 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

Daytime Phone #

Date

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: