2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
04-02-2001 90319 034 ***150.00

1598000

DOCUMENT # P98000088179

1. Entity Name
DERMATOLOGY, ENID F. BURNETT, INC.

Principal Place of Business	Mailing Address
600 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114	600 N. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	339-A Bill France Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Daytona Beach, FL
Zip / Country	Zip: 32114 / Country: United States

4. FEI Number 59-3536402 ☐ Applied For ☐ Not Applicable

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
BURNETT, ENID F 600 CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	Name: Street Address (P.O. Box Number is Not Acceptable): 339-A Bill France Blvd City: Daytona Beach FL Zip Code: 32114

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 Enid F. Burnett [signature] 7-24-01
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
After September 12, 2001 Fee will be $750.00
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	P BURNETT, ENID F MD 600 N. CLYDE MORRIS BLVD DAYTONA BCH FL 32114 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 339-A Bill France Blvd Daytona Beach, FL 32114
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

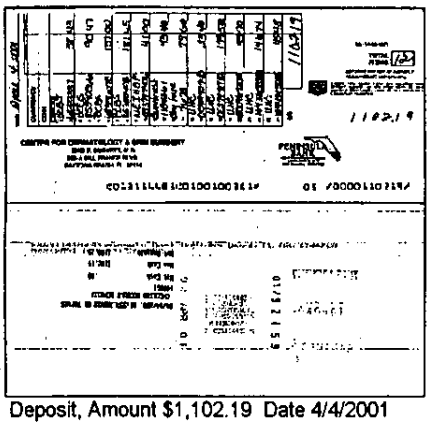
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 REQUIRED [signature] 7-24-01 386-253-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

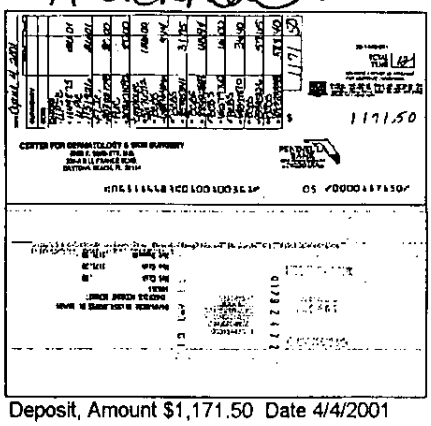
CR2E034 (5/01)

Attachment 1

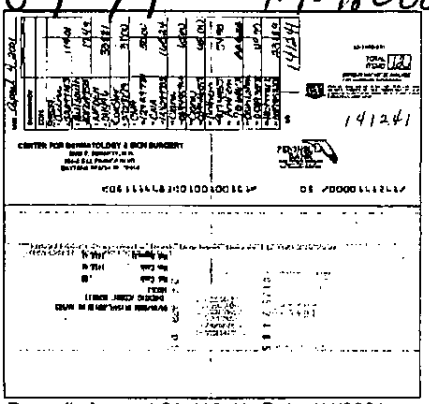
10441 #p980000088179



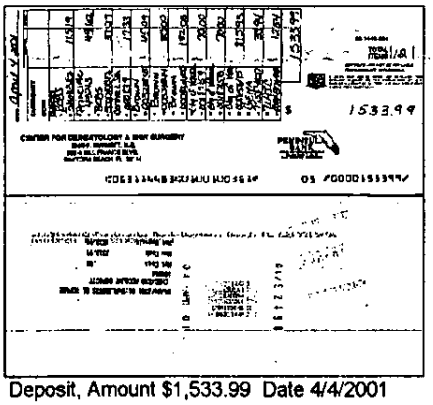
Deposit, Amount $1,102.19 Date 4/4/2001



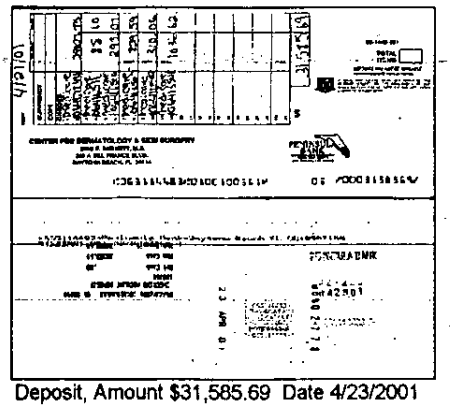
Deposit, Amount $1,171.50 Date 4/4/2001



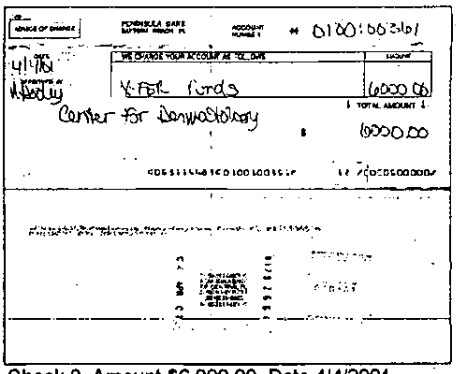
Deposit, Amount $1,412.41 Date 4/4/2001



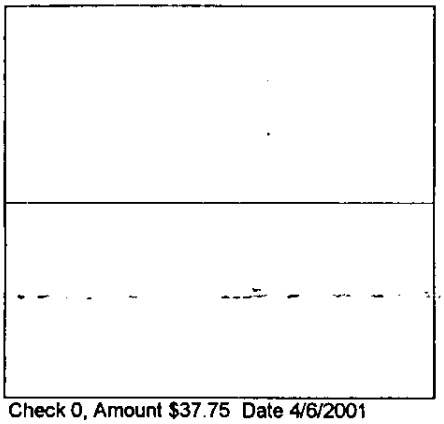
Deposit, Amount $1,533.99 Date 4/4/2001



Deposit, Amount $31,585.69 Date 4/23/2001



Check 0, Amount $6,000.00 Date 4/4/2001



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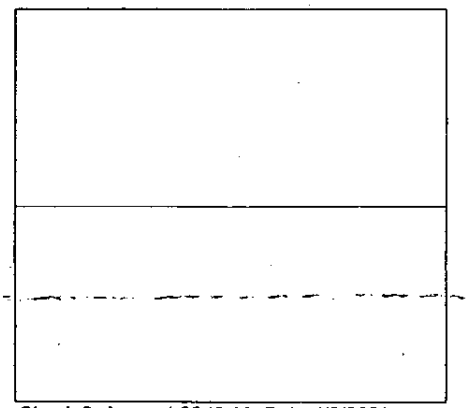

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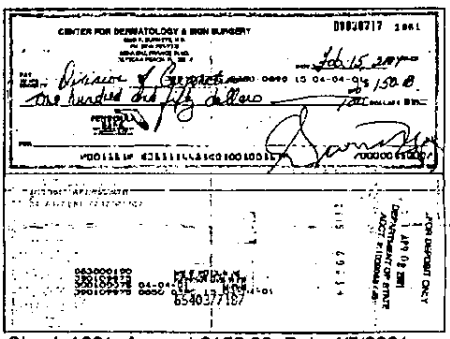

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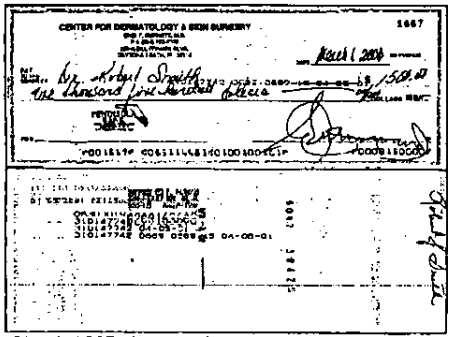

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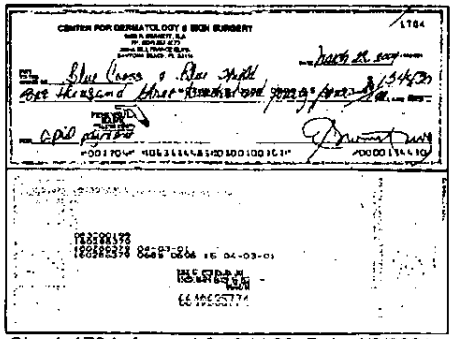

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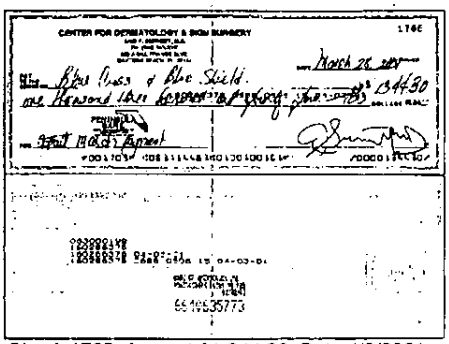

Check 1705, Amount $1,344.30 Date 4/3/2001