

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90010 036 \*\*\*550.00

**DOCUMENT # P99000030894**

1. Entity Name

DERMCARE ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

6250 SUNSET DR 202 7800 SW 87ave C300 SOUTH MIAMI FL 33143  
6250 SUNSET DR 202 7800 SW 87ave C300 SOUTH MIAMI FL 33143  
MIAMI FL 33173

24081964



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

7800 SW 87ave C300 Suite, Apt. #, etc. same

City & State

City & State

MIAMI FL

4. FEI Number

65-0917940

Applied For

Not Applicable

Zip

Country

Zip

Country

33173 MIAMI FL 33173

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

CROWELL, JUDITH E MD  
6250 SUNSET DR 202 7800 SW 87ave C300  
S MIAMI FL 33143 MIAMI, FL 33173

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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 D ☐ Delete  
NAME CROWELL, JUDITH E MD  
STREET ADDRESS 6250 SUNSET DR 202 7800 SW 87ave C300  
CITY-ST-ZIP S MIAMI FL 33143 MIAMI, FL 33173

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

8/10/04

Date

305.274.0221

Daytime Phone #