

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90089 045 \*\*\*550.00

DOCUMENT # **P99000030894**

1. Entity Name  
**DERMCARE ASSOCIATES, P.A.**



Principal Place of Business

**608 ALTARA AVENUE  
CORAL GABLES FL 33146**

Mailing Address

**608 ALTARA AVENUE  
CORAL GABLES FL 33146**

*change*

*change*

2. Principal Place of Business

**6250 Sunset Dr.**

3. Mailing Address

**6250 Sunset Dr.**

Suite, Apt. #, etc.

**202**

Suite, Apt. #, etc.

**202**

City & State

**S. Miami FL**

City & State

**S. Miami FL**

4. FEI Number

**65-0917940**

Applied For

Not Applicable

Zip

**33143**

Country

**Miami Dade**

Zip

**33143**

Country

**Miami Dade**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CROWELL, JUDITH E. MD**

**608 ALTARA AVENUE**

**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

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

**6250 Sunset Dr.**

**202**

**S. Miami**

**FL**

**33143**

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

**8/26/03**

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

**After September 10, 2003 Fee will be \$750.00**

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

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CROWELL, JUDITH E MD**  
STREET ADDRESS **608 ALTARA AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **6250 sunset Dr. 202**  
STREET ADDRESS **S. Miami FL 33143**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**8/26/03**

CR2E034 (4/03)