

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90003 037 ***550.00

DOCUMENT # P99000069531

1. Entity Name
ROYAL PALM DERMATOLOGY, P.A.

Principal Place of Business
1900 NW CORPORATE BLVD., SUITE 100
WEST BUILDING
BOCA RATON FL 33431

Mailing Address
1900 NW CORPORATE BLVD., SUITE 100
WEST BUILDING
BOCA RATON FL 33431

2. Principal Place of Business
1599 NW 9th AVE

3. Mailing Address
1599 NW 9th AVE

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33486

Country
US

Zip
33486

Country
US

4. FEL Number
05-0938715

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRANET, LLOYD ESQ
1900 NW CORPORATE BLVD., SUITE 100
WEST BUILDING
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
TOBI RICHMAN

Street Address (P.O. Box Number is Not Acceptable)
1599 NW 9th AVE
Suite 1

City
Boca Raton **FL** Zip Code
33486

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
Tobi Richman

7-12-00

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 13, 2000 Min. 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

TITLE
D ☐ Delete

NAME
RICHMAN, TOBI

STREET ADDRESS
1900 NW CORPORATE BLVD S#100 WEST BUILDING

CITY-ST-ZIP
BOCA RATON FL 33431

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Tobi Richman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)