

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90043 042 ***158.75

DOCUMENT # S00397

1. Entity Name

PETER G. BALLAS II, M.D., P.A.

Principal Place of Business

**16244 S MILITARY TRAIL #290
 DELRAY BEACH FL 33484**

Mailing Address

**C/O DERMATOLOGY PARTNERS, INC.
 3507 FRONTAGE ROAD SUITE 180
 TAMPA FL 33607**

SAME

2. Principal Place of Business

3. Mailing Address

16244 S MILITARY #290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BCH FLA

4. FEI Number **65-0219869**

Applied For
 Not Applicable

Zip

Country

Zip **33484**

Country

FLA

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

**BALLAS, PETER G II
 16244 SOUTH MILITARY TRAIL
 SUITE 290
 DELRAY BEACH FL 33484**

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.

SIGNATURE

Peter G. Ballas II M.D.

3-29-01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	PD HENTHORNE, KEITH 3507 FRONTAGE ROAD TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRKS, TOM 3507 FRONTAGE ROAD TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINER, ALAN 3507 FRONTAGE ROAD TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER G. BALLAS II M.D. 16244 S MILITARY TRAIL #290 DELRAY BCH FLA 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-01

CR2E034 (10/00)