

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90023 046 ***150.00

DOCUMENT # S00837

1. Entity Name
CENTER FOR DERMATOLOGY AND SKIN SURGERY, INC.

Principal Place of Business
14521 UNIVERSITY POINT PLACE
TAMPA FL 33613
US

Mailing Address
PO BOX 82629
TAMPA FL 33682-2629
US

2. Principal Place of Business

3. Mailing Address

14521 UNIVERSITY POINT PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

4. FEI Number
59-3026963

Applied For
☐ Not Applicable

Zip

Country

Zip
33613

Country
US

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

PROPER, STEVEN MD
3450 E FLETCHER SUITE 220
TAMPA FL 33613

Name
STEVEN PROPER, MD
 Street Address (P.O. Box Number is Not Acceptable)
14521 UNIVERSITY POINT PLACE
 City
TAMPA FL Zip Code
33613

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

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

STEVEN PROPER, MD

(NOTE: Registered Agent signature required when reinstating)

2-13-02

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, 2002 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
PD ☐ Delete
 NAME
PROPER, STEVEN
 STREET ADDRESS
3450 E FLETCHER AVE SUITE 220
 CITY-ST-ZIP
TAMPA FL

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)