

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90134 009 \*\*\*150.00

DOCUMENT # V61234

1. Entity Name  
WATERMAN DERMATOLOGY, P.A.



Principal Place of Business  
600 SOUTH PINE ISLAND ROAD  
SUITE #102  
PLANTATION, FL 33324 US

Mailing Address  
600 SOUTH PINE ISLAND ROAD  
SUITE #102  
PLANTATION, FL 33324 US

30064992



2. Principal Place of Business

3. Mailing Address

600 S. Pine Island Rd

600 S. Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

Plantation, FL

Plantation, FL

Zip

Country

Zip

Country

33324

USA

33324

USA

08192005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0354554

Applied For

Not Applicable

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

WATERMAN, GARY  
400 S. POINT DRIVE  
1902  
MIAMI BEACH, FL 33139

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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE OWNER - President ☐ Delete  
NAME WATERMAN, GARY  
STREET ADDRESS 600 SOUTH PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Diego Perez ☐ Change ☒ Addition  
NAME VICE President  
STREET ADDRESS 600 S. Pine Island Rd  
CITY-ST-ZIP Plantation, FL 33324

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

TITLE ☐ Change ☐ Addition  
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 #

8/8/05

786-514-3719



ATTACHMENT

50064992

**Waterman Dermatology, P.A.**

Gary L. Waterman, D.O. F.A.A.D.

Dermatology, Cutaneous Surgery & Cosmetic Dermatology

8/29/05

Ref # VG1234

Dear Kater School,

No document was found because my office  
never received the annual report notice.  
(Document).

Thank you for your help in this matter.

For Waterman, P.A.