

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

.95 FEB -8 AM 9:41

DOCUMENT # N93000004987 (4)

1. Corporation Name

DERMNET, INC.

Principal Place of Business

**201 N.W. 82ND AVE.
SUITE 501
PLANTATION FL 33324**

Mailing Address

**201 N.W. 82ND AVE.
SUITE 501
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0446564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 2845 AVENTURA BLVD

2a. Mailing Address

26 2845 AVENTURA BLVD

Suite, Apt. #, etc.

22 SUITE 220

Suite, Apt. #, etc.

27 SUITE 220

City & State

23 AVENTURA FL

City & State

28 AVENTURA FL

Zip

24 33180

Country

25 USA

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

**DADE COUNTY CORPORATE AGENTS INC.
20801 BISCAYNE BLVD.
SUITE 505 (ATTN: LYNN FROMBERG)
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, RICHARD S	1.2 NAME	
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ARENA, JOSEPH A	2.2 NAME	
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WOLF, DANIEL J	3.2 NAME	
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NESTOR, MARK	4.2 NAME	
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	4.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL 33324	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is truly and fairly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual 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 recorder or trustee or authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Nestor

2/2/95 205 933 6716

Date

Signature/Typed Name