

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004987 (4)**

1. Corporation Name

DERMNET, INC.

Principal Place of Business

Mailing Address

**2845 AVENTURA BLVD
SUITE 220
AVENTURA FL 33180
US**

**2845 AVENTURA BLVD
SUITE 220
AVENTURA FL 33180-3111
US**



2. Principal Place of Business		2a. Mailing Address	
21 2925 AVENTURA BLVD	26 2925 AVENTURA FL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 205	27 SUITE 205		
City & State		City & State	
23 AVENTURA FL	28 AVENTURA FL		
Zip	Country	Zip	Country
24 33180	25 USA	29 33180	30 USA

3. Date Incorporated or Qualified 11/04/1993	3a. Date of Last Report 05/10/1996
4. FEI Number 65-0446564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COHEN, JEFFREY L
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, RICHARD S	1.2 NAME	Crowell, Judith
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	1.3 STREET ADDRESS	7867 N. Kendall Dr.
CITY - ST - ZIP	PLANTATION FL 33324	1.4 CITY - ST - ZIP	Miami, FL 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARENA, JOSEPH A	2.2 NAME	Roth, William
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	2.3 STREET ADDRESS	4956 LeChateau Blvd, Suite 10
CITY - ST - ZIP	PLANTATION FL 33324	2.4 CITY - ST - ZIP	Boynton Beach, FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0033445**

CR2E037 (9/96)