

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90006 007 ***61.25

DOCUMENT # N93000004987

1. Entity Name

DERMATOLOGY INITIATIVES, INC.

Principal Place of Business

**1111 PARK CENTRE BLVD
 #360
 MIAMI FL 33169
 US**

Mailing Address

**1111 PARK CENTRE BLVD
 #360
 MIAMI FL 33169
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0446564**

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BERMAN, BRIAN**
 STREET ADDRESS **1111 PARK CENTRE BLVD, STE 240**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
 NAME **RABINOVITZ, HAROLD**
 STREET ADDRESS **1111 PARK CENTRE BLVD, STE 240**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
 NAME **NESTOR, MARK**
 STREET ADDRESS **1111 PARK CENTRE BLVD, STE 240**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
 NAME **WAGENER, DAVID**
 STREET ADDRESS **1111 PARK CENTRE BLVD, STE 240**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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 617, 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 REQUIRED

DAVID WAGENER

8/8/01

305 633 5595

CR2E037 (5/01)