

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002415

**Entity Name:** FOREFRONT DERMATOLOGY, S.C., CORP.

**Current Principal Place of Business:**

801 YORK STREET  
MANITOWOC, WI 54220

**Current Mailing Address:**

801 YORK STREET  
MANITOWOC, WI 54220 US

**FEI Number:** 39-1351587

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WERNLI, BETSY J M.D.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

Title            SECRETARY  
Name            CAMPBELL, LISA B M.D.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

Title            TREASURER  
Name            NEGRETE, VICTORIA R. M.D.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

Title            DIRECTOR  
Name            WERNLI, BETSY J DR.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

Title            ASSISTANT SECRETARY  
Name            KATZ, PETER J DR.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

Title            ASSISTANT TREASURER  
Name            PUJALS, JOHN S DR.  
Address        801 YORK STREET  
City-State-Zip: MANITOWOC WI 54220

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETSY J. WERNLI, MD

**PRESIDENT**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date