

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