

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004135

1. Entity Name

MEDICIS, THE DERMATOLOGY COMPANY

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90119 042 ***150.00

00004100



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4343 EAST CAMELBACK ROAD SUITE 250 PHOENIX AZ 85018	Mailing Address 4343 EAST CAMELBACK ROAD SUITE 250 PHOENIX AZ 85018-8355
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2. Principal Place of Business 8125 N. Hayden Rd. Suite, Apt. #, etc. Scottsdale, AZ City & State	3. Mailing Address 8125 N. Hayden Rd Suite, Apt. #, etc. Scottsdale, AZ City & State
Zip 85258 Country USA	Zip 85258 Country USA

4. FEI Number 86-0873972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHACKNAI, JONAH 4343 EAST CAMELBACK RD., STE 250 PHOENIX AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRYGOCKI SR, MARK A 4343 EAST CAMELBACK RD., STE 250 PHOENIX AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRANGELO, MICHAEL A 4343 EAST CAMELBACK RD., STE 250 PHOENIX AZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHACKNAI, JONAH 8125 N. Hayden Rd Scottsdale, AZ 85258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRYGOCKI SR, MARK A. 8125 N. Hayden Rd Scottsdale, AZ 85258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIETRANGELO, MICHAEL A. 8125 N. Hayden Rd. Scottsdale, AZ 85258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. PRYGOCKI, SR 2/28/00 (602)808-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)