

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90059 018 \*\*\*150.00

**DOCUMENT # F99000003846**

1. Entity Name  
**PHOTOMEDEX, INC.**



Principal Place of Business  
**147 KEYSTONE DRIVE  
MONTGOMERYVILLE, PA 18936**

Mailing Address  
**147 KEYSTONE DRIVE  
MONTGOMERYVILLE, PA 18936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08182005

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2058100**

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

**REDDICK, WALTER  
17106 HEART OF PALMS DRIVE  
TAMPA, FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**NOT REQUIRED - AMENDED REPORT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME O'DONNELL, JEFFREY  
STREET ADDRESS 147 KEYSTONE DRIVE  
CITY-ST-ZIP MONTGOMERYVILLE, PA 18936

TITLE VD ☒ Delete  
NAME MCGRATH, DENNIS  
STREET ADDRESS 147 KEYSTONE DRIVE  
CITY-ST-ZIP MONTGOMERYVILLE, PA 18936

TITLE D ☐ Delete  
NAME CHARLTON, ALEX  
STREET ADDRESS 1675 BROADWAY, 18TH FL.  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D ☒ Delete  
NAME MCATEE, JOHN J JR  
STREET ADDRESS TWO GREENWICH PLAZA  
CITY-ST-ZIP GREENWICH, CT 06830

TITLE D ☐ Delete  
NAME NOVAC, ALAN R  
STREET ADDRESS 3050 K STREET, SUITE 205  
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE D ☒ Delete  
NAME NOVARRO, SAMUEL E  
STREET ADDRESS 135 EAST 57TH STREET, 16TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME DePiano, Richard  
STREET ADDRESS 565 East Swedesford Rd, Ste 200  
CITY-ST-ZIP Wayne, PA 19087-1698

TITLE V ☒ Change ☐ Addition  
NAME McGrath, Dennis  
STREET ADDRESS 147 Keystone Drive  
CITY-ST-ZIP Montgomeryville, PA 18936

TITLE D ☐ Change ☒ Addition  
NAME Dimick, Anthony J  
STREET ADDRESS 46 Parsonage Hill Rd  
CITY-ST-ZIP Short Hills, NJ 07078-1621

TITLE D ☒ Change ☐ Addition  
NAME McAtee, John J Jr  
STREET ADDRESS 209 Banyan Road  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE D ☐ Change ☒ Addition  
NAME Anderson, David  
STREET ADDRESS 514 Lynmere Road  
CITY-ST-ZIP Brun Mawr, PA 19010

TITLE Corporate Counsel ☐ Change ☒ Addition  
NAME Davis Woodward, Davis  
STREET ADDRESS 147 Keystone Drive  
CITY-ST-ZIP Montgomeryville, PA 18936

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 607, 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:

*Davis Woodward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/05

Date

215-619-3600

Daytime Phone #

x278

ATTACHMENT

660026092

#F99000003846

Payment was already made -

You have cashed the check -

Please process charges!

Call Michele at 215 619 3286  
if you have questions.