

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90044 010 ***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**



01032006 Chg-P CR2E034 (11/05)

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☐ Change ☒ Addition
NAME Anderson, David W.
STREET ADDRESS 147 Keystone Drive
CITY-ST-ZIP Montgomeryville, PA 18936

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

TITLE D ☐ Change ☒ Addition
NAME Dimun, Anthony J.
STREET ADDRESS 46 Parsonage Hill Road
CITY-ST-ZIP Short Hills, NJ 07078

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

TITLE D ☐ Change ☒ Addition
NAME DePiano, Richard J.
STREET ADDRESS 351 E. Conestoga Road
CITY-ST-ZIP Wayne, PA 19087

TITLE D ☒ Delete
NAME MCATEE, JOHN J JR
STREET ADDRESS 209 BANYAN ROAD
CITY-ST-ZIP PALM BEACH, FL 33480

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

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

TITLE V ☐ Change ☒ Addition
NAME Stewart, Michael R.
STREET ADDRESS 147 Keystone Drive
CITY-ST-ZIP Montgomeryville, PA 18936

TITLE CC ☐ Delete
NAME WOODWARD, DAVIS
STREET ADDRESS 147 KEYSTONE DRIVE
CITY-ST-ZIP MONTGOMERYVILLE, PA 18936

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 exemptions contained in Chapter 119, 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

Davis Woodward

1/3/06

215-619-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #