

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02592

**FILED**  
**Mar 07, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN DERMATOLOGICAL CORPORATION

**Current Principal Place of Business:**

55 NE 39 ST  
MIAMI, FL 331373629

**New Principal Place of Business:**

53 NE 39 ST  
MIAMI, FL 331373629

**Current Mailing Address:**

55 NE 39 ST  
MIAMI, FL 331373629

**New Mailing Address:**

53 NE 39 ST  
MIAMI, FL 331373629

**FEI Number:** 59-2585624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARMISH, PAUL M, ESQUIRE  
150 W FLAGLER ST  
SUITE 2001  
MIAMI, FL 33130 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'MALLEY, WILLIAM J.,  
Address: 4250 BAY POINT RD.  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: O'MALLEY, THOMAS B.,  
Address: 7533 S.W. 58 AVE.  
City-St-Zip: S. MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: O'MALLEY, WILLIAM J.,  
Address: 4250 BAY POINT RD  
City-St-Zip: MIAMI, FL 33137

Title: STD (X) Change ( ) Addition  
Name: O'MALLEY, THOMAS B.,  
Address: 7533 SW 58 AVE  
City-St-Zip: SOUHT MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS B O'MALLEY

VP

03/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date