

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H69668 (2)

1. Corporation Name

DERMATOLOGICAL HAIR REGROWTH CENTERS, INC.

Principal Place of Business

8360 W OAKLAND PK BLVD.  
SOUTHERN BLDG. STE 304  
SUNRISE FL 33351

Mailing Address

8360 W OAKLAND PK BLVD.  
SOUTHERN BLDG. STE 304  
SUNRISE FL 33351



3. Date Incorporated or Qualified  
08/05/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2500 N. UNIVERSITY DR

26 2500 N. UNIVERSITY DR

4. FEI Number  
59-2580728

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10

27 10

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
SUNRISE FL

28 City & State  
SUNRISE FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country  
33322 USA

29 Zip Country  
33322 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLAM, EDWARD H. M.D.  
2500 UNIVERSITY DR.  
SUNRISE FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHLAM, EDWARD H.  
STREET ADDRESS 2500 UNIVERSITY DR.  
CITY-ST-ZIP SUNRISE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *Edward H. Schlamm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

Date

Daytime Phone #

CR2E034 (12/95)