

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69668

FILED
Jun 30, 2004
Secretary of State

Entity Name: DERMATOLOGICAL HAIR REGROWTH CENTERS, INC.

Current Principal Place of Business:

10044 NW 1ST COURT
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

10044 NW 1ST COURT
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 59-2580728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SCHLAM, EDWARD H. M.D.
.10044 NW 1ST COURT
PLANTATION, FL 33324

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

06/30/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHLAM, EDWARD H.,
Address: 10044 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCHLAM, EDWARD H.

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date