2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# K39612

Entity Name: DERMACORP, INC.

Current Principal Place of Business:

485 ORISKANY CT
OSPREY, FL 34229

New Principal Place of Business:

3920 BEE RIDGE RD
BLDG H, SUITE K
SARASOTA, FL 34233

Current Mailing Address:

485 ORISKANY CT
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-0086431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELSTEIN, LYNN
485 ORISKANY CT
OSPREY, FL 34229 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: PDS ( ) Delete
Name: ELSTEIN, LYNN,
Address: 1800 2ND ST #870
City-St-Zip: SARASOTA, FL

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 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: LYNN ELSTEIN PDS 02/04/2009
Electronic Signature of Signing Officer or Director Date