FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 95 HAR 29 PH 12: 12

COCCHETARY OF STATE TALL ANASSEE, FLORIDA

DERMAT	FOLOGY SPECIALTIES, INC	•			
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Principal Plac	ee of Business	Mailing Address		i indiașii dii bidia ildii glaia diila diila laii aldi	i Skoli Bishi dibil disil bishi bishi kobi
% KENNETH C. HERTZ 9065 S.W. 87TH AVE., #109		% KENNETH C. HERTZ 9065 S.W. B7TH AVE., #1	09		
MIAMI FL 3317	6	MIAMI FL 33176		DO NOT WRITE IN TH	IS SPACE
2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1988 4. FET Number	Applied For
21		26		65-0105776	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curren	Z ₁₀	Country [30]	8. This corporation owes the current year I Personal Property Tax 10. Name and Address of New Registere	Yes []No
	g, Rame and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
	TZ, KENNETH C.		82 Street Add	(D.O. Burn N. maharana Nica Annica table)	
	S.W. 87TH AVE., #109		or Stiert Addi	ress (P.O. Box Number is Not Acceptable)	
, MIAI	Mi FL 33176		83		
i.			84 City		85 Zip Code
1 2 2	T. W	100 1002 4500 50-24- D. C.		F.	L
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized by the corporation	orration submits this statement for the purpose o on's board of directors. I hereby accept the app	ointment as registered
•	m familiar with, and accept the obliga	itions of, Section 607.0505, Fli	orida Statutes		
SIGNATURE	Signature, typed or printed name of registered age	it and tire dispositable (NOT)	Registered Agent signal rector re-	of whose recordancy	
12.	F	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO	[] DELETE	117(ILE		[]Change [Addition
NAME	HERTZ, KENNETH C.		12 NAME		İ
STREET ADDRESS	9065 SW 87TH AVE. #109 MIAMI FL		13 STREET ADDRESS		
CITY-ST-ZIP	MINIMIT	[DELETE	14 CiTY-ST-ZiP 21 TiTLE		[]Change []Addition
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NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		The second	34 CITY-\$1-ZIP		
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NAME :		E) beccit	5.2 NAME		[Louise [Linguise]
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		}
On FOREIT		FIDELETE	617015		E I Change E I Addition

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes: I further certify that the informal 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

Kenneth CHErtzmD