

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002702

FILED
Jun 30, 2004
Secretary of State**Entity Name:** SOCIETY OF DERMATOLOGY SKINCARE SPECIALISTS, INC.**Current Principal Place of Business:**40 DEAN STREET
GLEN ROCK, NJ 074521409**New Principal Place of Business:****Current Mailing Address:**40 DEAN STREET
GLEN ROCK, NJ 074521409**New Mailing Address:****FEI Number:** 02-0582585**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 321152491 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**OFFICERS AND DIRECTORS:****Title:** EXD () Delete
Name: WARFIELD, SUSANNE S
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**Title:** D () Delete
Name: AMATO, SHARON
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**Title:** D () Delete
Name: AUSTIN, REBECCA
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**Title:** D () Delete
Name: FRAZEE, CATHY
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**Title:** D () Delete
Name: KAHLIL, ERIS
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**Title:** D () Delete
Name: PICKEL, SANDRA
Address: 40 DEAN STREET
City-St-Zip: GLEN ROCK, NJ 074521409**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE S. WAFRIELD

EXD

06/30/2004

Electronic Signature of Signing Officer or Director_____
Date