

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005916

FILED
Jan 25, 2012
Secretary of State

Entity Name: DERMATOLOGY MEDICAL MISSIONS, INC.

Current Principal Place of Business:

2605 WEST ATLANTIC AVENUE
SUITE D-204
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2605 WEST ATLANTIC AVENUE
SUITE D-204
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRASSWIMMER, JOHN
317 CHILEAN AVENUE
PALM BEACH, FL 33480 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: D
Name: STRASSWIMMER, JOHN
Address: 317 CHILEAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: STRASSWIMMER, KARIN
Address: 317 CHILEAN AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: MURRAY, EVAN D
Address: 115 MILL STREET
City-St-Zip: BELMONT, MA 04278 10

I hereby 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 all other like empowered.

SIGNATURE: JOHN STRASSWIMMER

D

01/25/2012

Electronic Signature of Signing Officer or Director

Date