


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004987 (4)

1. Corporation Name

DERMATOLOGY INITIATIVES, INC.

Principal Place of Business

Mailing Address

201 NW 82ND AVENUE
SUITE 501
PLANTATION FL 33324
US

201 NW 82ND AVENUE
SUITE 501
PLANTATION FL 33324
US

3. Date Incorporated or Qualified

11/04/1993

4. FEI Number

65-0446564

Applied For

Not Applicable

2. Principal Place of Business

21 1111 Park Centre Blvd.

Suite, Apt. #, etc.

22 Suite 240

City & State

23 Miami, FL

Zip

24 33169

Country

25 US

2a. Mailing Address

26 PO Box 69-4730

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33269-4730

Country

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, JEFFREY L
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, JUDITH	
STREET ADDRESS	7887 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, WILLIAM	
STREET ADDRESS	4956 LE CHALET BLVD, SUITE 10	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NESTOR, MARK	
STREET ADDRESS	201 N.W. 82 AVE., SUITE 501	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Berman, Brian	
1.3 STREET ADDRESS	1111 Park Centre Blvd, Suite 240	
1.4 CITY-ST-ZIP	Miami, FL 33169	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rabinovitz, Harold	
2.3 STREET ADDRESS	1111 Park Centre Blvd, Suite 240	
2.4 CITY-ST-ZIP	Miami, FL 33169	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nestor, Mark	
3.3 STREET ADDRESS	1111 Park Centre Blvd, Suite 240	
3.4 CITY-ST-ZIP	Miami, FL 33169	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wagener, David	
4.3 STREET ADDRESS	1111 Park Centre Blvd, Suite 240	
4.4 CITY-ST-ZIP	Miami, FL 33169	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 information 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/98 305 623 5595

Date Define Phone #

CR2E037 (5/98)