


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90244 014 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |         |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # N93000004987</b>  |  |  |   |  |  |
| 1. Corporation Name<br><b>DERMATOLOGY INITIATIVES, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>1111 PARK CENTRE BLVD<br/>STE 240<br/>MIAMI FL 33169<br/>US</b>   |  |  | Mailing Address<br><b>P O BOX 69-4730<br/>MIAMI FL 33269-730<br/>US</b>   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |   | 3. Date Incorporated or Qualified<br><b>11/04/1993</b><br>4. FEI Number<br><b>65-0446564</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 9. Name and Address of Current Registered Agent<br><b>COHEN, JEFFREY L<br/>54 NE FOURTH AVENUE<br/>DELRAY BEACH FL 33483</b>  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D Berman, Brian</b><br>STREET ADDRESS <b>1111 PARK CENTRE BLVD, STE 240</b><br>CITY-ST-ZIP <b>MIAMI FL 33169</b>   |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D Rabinovitz, Harold</b><br>STREET ADDRESS <b>1111 PARK CENTRE BLVD, STE 240</b><br>CITY-ST-ZIP <b>MIAMI FL 33169</b>  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D Nestor, Mark</b><br>STREET ADDRESS <b>1111 PARK CENTRE BLVD, STE 240</b><br>CITY-ST-ZIP <b>MIAMI FL 33169</b>  |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D Wagener, David</b><br>STREET ADDRESS <b>1111 PARK CENTRE BLVD, STE 240</b><br>CITY-ST-ZIP <b>MIAMI FL 33169</b>  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                        |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/99 305-623-5595**

Date

Daytime Phone #

CR2E037 (11/98)