
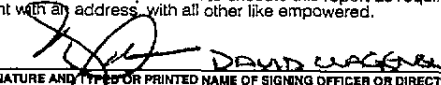


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004987		
1. Entity Name DERMATOLOGY INITIATIVES, INC.		
Principal Place of Business 1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US		Mailing Address 1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US
DO NOT WRITE IN THIS SPACE		
		04292005 No Chg-NP CR2E037 (10/03)
4. FEI Number 65-0446564		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COHEN, JEFFREY L 54 NE FOURTH AVENUE DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, BRIAN 1111 PARK CENTRE BLVD, STE 240 MIAMI, FL 33169	U000000361295 05/05/05-80071-006 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOVITZ, HAROLD 1111 PARK CENTRE BLVD, STE 240 MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTOR, MARK 1111 PARK CENTRE BLVD, STE 240 MIAMI, FL 33169	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGENER, DAVID 1111 PARK CENTRE BLVD, STE 240 MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/05 Date 305 623 5595 Daytime Phone #