2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004987

1. Entity Name
DERMATOLOGY INITIATIVES, INC.

Principal Place of Business	Mailing Address
1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US	1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US

04052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0446564 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERMAN, BRIAN
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	RABINOVITZ, HAROLD
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	NESTOR, MARK
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	WAGENER, DAVID
STREET ADDRESS	1111 PARK CENTRE BLVD, STE 240
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80058-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DAVID WAGENER, DIRECTOR — 4/21/06 — 305 623 5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #