


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 1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US	Mailing Address 1111 PARK CENTRE BLVD #360 MIAMI, FL 33169 US
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04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0446564	Applied For 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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, BRIAN 1111 PARK CENTRE BLVD, STE 240 MIAMI, FL 33169
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
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	

DO NOT WRITE IN THIS SPACE

U00000544963
 05/11/06-80058-001 61.25

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 of the Receiver or trustee empowered to execute this report as required by Chapter 817, 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 #