


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90479 011 ****61.25

DOCUMENT # N93000004987 1. Entity Name DERMATOLOGY INITIATIVES, INC.	
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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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DO NOT WRITE IN THIS SPACE

60045716



04252007 No Chg-NP CR2E037 (4/06)

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, 2007

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**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 305 623 5595
Date Daytime Phone #