

PO2000076085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

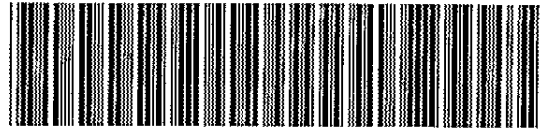
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DermEssentials
(Name of corporation)

DOCUMENT NUMBER: PO# 0000 76085

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sydney T. Fritts
(Name of person)

DermEssentials
(Name of firm/company)

16900 North Bay Rd Apt 1703
(Address)

Sunny Isles, FL 33160
(City/state and zip code)

For further information concerning this matter, please call:

Sydney T. Fritts at (305) 947-9330
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 19, 2003

Tushar Shah
c/o Lifeline Medical, Inc.
22 Shelter Rock Lane
Danbury, CT 06810

SUBJECT: DERMESSENTIALS, INC.
Ref. Number: P02000076085

We have received your document for DERMESSENTIALS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 503A00017023

STATEMENT OF-CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DermEssentials Inc.

2. The principal office address: 22 Shelter Rock Lane
Danbury CT 06810

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/12/2002 Document number: PO2000076085

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Shah, Tushar
16900 North Bay Rd Apt. 1703
Sunny Isles, FL 33160

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fritts, Sydney T.
16900 North Bay Rd Apt. 1703
(P.O. Box or personal mailbox NOT acceptable)
Sunny Isles, FL 33160

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer or authorized by the board, or the corporation has been notified in writing of the change.

[Signature] (Signature of an officer, chairman or vice chairman of the board) Director (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Sydney J. Fritts (Signature of Registered Agent) 3/27/03 (Date)

If signing on behalf of an entity:
SYDNEY FRITTS (Typed or Printed Name) DIRECTOR (Capacity)

*** FILING FEE: \$35.00 ***