

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000134840

FILED  
Apr 07, 2003  
Secretary of State

Entity Name: DERMATOLOGICAL PHARMACEUTICALS, INC.

## Current Principal Place of Business:

%JILLIAN S GALITZER  
5208 SW 33TH WAY  
FT LAUDERDALE, FL 33312

## Current Mailing Address:

%JILLIAN S GALITZER  
5208 SW 33TH WAY  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

%JILLIAN S GALITZER  
5208 SW 33RD WAY  
FT LAUDERDALE, FL 33312

## New Mailing Address:

%JILLIAN S GALITZER  
5208 SW 33RD WAY  
FT LAUDERDALE, FL 33312

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALITZER, JOSHUA  
17101 NE 6TH AVE  
FT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

GALITZER, JOSHUA  
17101 NE 6TH AVE  
FT LAUDERDALE, FL 33162 US

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.

SIGNATURE: JOSHUA GALITZER

04/07/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GALITZER, JILLIAN S  
Address: 5208 SW 33RD  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: STEIGMAN, DON  
Address: 8969 HIDDEN PINE ST  
City-St-Zip: PARKLAND, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GALITZER, JILLIAN S  
Address: 5208 SW 33RD WAY  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILLIAN S GALITZER

D

04/07/2003

Electronic Signature of Signing Officer or Director

Date