

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000061512

Entity Name: HECKERDERM.COM, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3500 NE 5 AVE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3500 NE 5 AVE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 20-0086935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HECKER, MELANIE S MD  
3500 NE 5 AVE.  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: HECKER, MELANIE S MD  
Address: 3500 NE 5TH AVE  
City-St-Zip: POMPAN0 BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: MELANIE HECKER

DR

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date