2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# P07000064419

Entity Name: DERMAGENESIS MEDSPA, INC.

Current Principal Place of Business:

1779 W 37 STREET
UNIT # 15
HIALEAH, FL 33012

New Principal Place of Business:

365 WEST 49TH STREET
HIALEAH, FL 33012 US

Current Mailing Address:

1779 W 37 STREET
UNIT # 15
HIALEAH, FL 33012

New Mailing Address:

365 WEST 49TH STREET
HIALEAH, FL 33012 US

FEI Number: 26-0376335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEUERMANN, ALEXANDER L DR.
2700 SW 194 TERR
MIRAMAR, FL 33029 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHEUERMANN, ALEXANDER L DR.
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

Title: VP ( ) Delete
Name: FREYRE, GISELLE RN
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

Title: S ( ) Delete
Name: SCHEUERMANN, ALEXANDER L DR.
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

Title: T ( ) Delete
Name: FREYRE, GISELLE RN
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SCHEUERMANN, ALEXANDER L DR.
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

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

Title: T (X) Change ( ) Addition
Name: SCHEUERMANN, ALEXANDER L DR.
Address: 2700 SW 194 TERR
City-St-Zip: MIRAMAR, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALEXANDER L. SCHEUERMANN P 03/04/2008

Electronic Signature of Signing Officer or Director — Date