

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023749

FILED
May 02, 2009
Secretary of State

Entity Name: DERMAGENESIS HEALTH CARE INC.

Current Principal Place of Business:

365 WEST 49 STREET
HIALEAH, FL 33012

New Principal Place of Business:

900 WEST 49 STREET
STE 536
HIALEAH, FL 33012

Current Mailing Address:

365 WEST 49 STREET
HIALEAH, FL 33012

New Mailing Address:

900 WEST 49 STREET
STE 536
HIALEAH, FL 33012

FEI Number: 26-4876636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FREYRE, GISELLE
365 WEST 49 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

JONES, WESLEY
900 WEST 49 STREET
STE 536
HIALEAH, FL 33012 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: WESLEY RYAN JONES

05/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREYE, GISELLE
Address: 365 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: BELLO, LILIAN
Address: 365 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

Title: ST () Delete
Name: JONES, WESLEY R
Address: 365 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FREYE, GISELLE
Address: 900 WEST 49 STREET STE 536
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Change () Addition
Name: BELLO, LILIAN
Address: 900 WEST 49 STREET STE 536
City-St-Zip: HIALEAH, FL 33012

Title: ST (X) Change () Addition
Name: JONES, WESLEY R
Address: 900 WEST 49 STREET STE 536
City-St-Zip: HIALEAH, FL 33012

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: WESLEY RYAN JONES

ST

05/02/2009

Electronic Signature of Signing Officer or Director

Date