

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048294 (9)

1. Corporation Name
DERMCORP, INC.



Principal Place of Business
**13801 N. BRUCE B. DOWNS BOULEVARD
SUITE 306
TAMPA FL 33613**

Mailing Address **13517 Feather Sound Dr.
~~13801 N. BRUCE B. DOWNS BOULEVARD~~
~~SUITE 306~~ Suite 390
TAMPA FL ~~33613~~ CLEARWATER, FL 34622**

2. Principal Place of Business

2a. Mailing Address
13517 Feather Sound Dr.

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 **Suite 390
CLEARWATER**

23 Zip Country

28 **34622 Hillsborough**

9. Name and Address of Current Registered Agent

**WALKER, GARY
101 EAST KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/21/1995

3a. Date of Last Report
03/25/1996

4. FEI Number

59-3376249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by the personal name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	D TRUNNELL, THOMAS N M.D. 13801 N. BRUCE B. DOWNS BOULEVARD, #306 TAMPA FL 33613	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	D GOLOMB, ROGER S M.D. 1122 DRUID ROAD CLEARWATER FL 34616	2.1 TITLE	2.2 NAME
<input checked="" type="checkbox"/> DELETE	D MILLER, RICHARD A D.O. 1401 E. BAY DRIVE LARGO FL 34641	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE	D SEDER, HAROLD M.D. 601 7TH STREET SOUTH ST. PETERSBURG FL 33701	3.1 TITLE	3.2 NAME
<input checked="" type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
<input checked="" type="checkbox"/> DELETE		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
<input checked="" type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
<input checked="" type="checkbox"/> DELETE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A Miller D.O.

838418505
Date Time #

CR2E034 (9/96)