SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

0

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90013 020 ***150.00

COCHMENT #	MAHAAAAA 100 1	٠
1 H H L HVI H N I 22	P97000001224	ł
DOCOMENT #	P9/11/11/11//4	Þ
	I GIGGGGGEE	

1. Corporation Name

RAGER CLINICAL SKIN CARE, INC.

			٦			
Principal Place	of Business	Mailing Address				1 (2 dittest (18 tein) 1980) serin seur seuts ann ables 198() mais (181) aist (181
	ATE CT., SUITE 101	6300 CORPORATE FT MYERS FL 3391		Ħ		
FT MYERS FL	33919	F! MIENO FL 335	19			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/31/1996
2. Principal Pl	ace of Business	2a. Mailing Address	S			4. FEI Number Applied For
21		26				65-0722139 Not Applicable \$8,75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, et	IC.			5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year
24	25	29	30			Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Registered Agent
RAC	GER, CYNTHIA		-	51	Name	
	O EVANS AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)
	TE 24			83	 	
	MYERS FL 33901				ĺ	
				84	City	FL 85 Zip Code
l office or i	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change	e was authoriz	ea by	r the corpo	orporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent				gent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI		13	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	RAGER, CYNTHIA	L DELE	76	NAME	1	Change Addition
NAME STREET ADDRESS	6300 CORPORATE CT., SUITE	101			ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919		1	CITY-S1	ì	
TITLE		DELE		TITLE		Change Addition
NAME		_ ,		NAME		_ , _
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP			2.4	CITY-S1	T-ZIP	
TITLE _		DELE	3.1	TITLE		Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S1	T-ZiP	
TITLE		L DELE	-1-	TITLE	Ì	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4	CITY-ST	I-ZIP	

14. I hereby certify that the information supplied with this filling 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 the receiver or trustee mpowered 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 or an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

OELETE

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

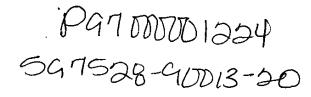
17/1/99 J Date Daytime

Daytime Phone #

Change

Change

Addition



Rager Clinical Skin Care, Inc.

July 21, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Rager Clinical Skin Care, Inc., FEIN - 65-0722139

Integraderm, Inc., FEIN – 65-0858181

Dear Sir or Madam,

The above corporations have received second notices for the 1999 Profit Corporation Annual Report. However, due to an address change we never received the first notice. For this reason please waive the penalty as a result of late filing and accept the enclosed payments as payments in full. We will consider this matter closed unless we are notified to the contrary.

Thank you for your consideration in this matter.

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Sincerely,

Cynthia Ragei

President