
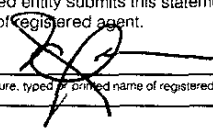
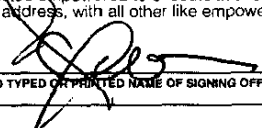


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 012 ***150.00

DOCUMENT # P97000021365 1. Entity Name ADVANCED DERMATOLOGY MANAGEMENT, INC.					
Principal Place of Business 1111 PARK CENTRE BLVD STE #360 MIAMI, FL 33169			Mailing Address 1111 PARK CENTRE BLVD STE #360 MIAMI, FL 33169		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0734508	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAURENCE, JODI B 2925 AVENTURA BLVD., STE. 207 AVENTURA, FL 33180			Name DAVID WAGENER Street Address (P.O. Box Number is Not Acceptable) 1111 PARK CENTRE BLVD STE#300 City MIAMI FL Zip Code 33169		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, RICHARD MD	NAME			
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESTOR, MARK S MD, PHD	NAME			
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WAGENER, DAVID	NAME			
STREET ADDRESS	1111 PARK CENTER BLVD, STE 102	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILENTZ, JOEL	NAME			
STREET ADDRESS	1111 PARKCENTER BLVD, SUITE 102	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I 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 report or supplemental 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-29-04 305-623-5595 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					