

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000087197
1. Corporation Name
Professional Derma-Medical, Inc.

Principal Place of Business
62 Indian Trace, Suite 207
Weston, FL 33326

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1997

2. Principal Place of Business 21 421 North Federal Hwy Suite, Apt. #, etc. 22 City & State Hollywood FL Zip 33020 Country USA	26. Mailing Address 27 1375 Garden Rd. Suite, Apt. #, etc. 28 City & State Weston FL Zip 33326 Country USA
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4. FEI Number
65-0852399
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Ramona Rameshwar
62 Indian Trace #207
Weston, FL 33326

10. Name and Address of New Registered Agent

81 Name Ramona Rameshwar	85 Zip Code 33326
82 Street Address (P.O. Box Number is Not Acceptable) 1375 Garden Rd.	
83	
84 City Weston	FL

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: R. Rameshwar

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/15/98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Registered Agent
1.3 STREET ADDRESS	Ramona Rameshwar
1.4 CITY-ST-ZIP	1375 Garden Rd. Weston, FL 33326
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002652738
4.3 STREET ADDRESS	-09/30/98--01077--025
4.4 CITY-ST-ZIP	***158.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002652738
5.3 STREET ADDRESS	-09/30/98--01077--025
5.4 CITY-ST-ZIP	***158.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 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 on an attachment with an address.

SIGNATURE: R. Rameshwar Ramona Rameshwar 9/15/98 654922-7780

CR2E034 (5/98)

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PROFESSIONAL DERMA-MEDICAL, INC.

421 North Federal Highway
Hollywood, FL 33020
Phone: (954)922-7780
Fax: (954)922-7091

September 15, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

As per my conversation with one of your representatives, I am sending this letter to explain that I never received any correspondence from you so I was unaware that I had to file an annual report. My company was Incorporated 10/08/97 with a business address in Weston; well, I was unable to obtain the lease for that particular address and did not actually open my business as I had originally planned until 9/01/98 at my present address in Hollywood. This may be the reason I did not receive any mail from you since it was sent to the Weston address.

I would like to apologize for any inconvenience caused due to this and thank you for not penalizing me for this late filing especially since it not my fault. I would also like to assure you that this will never happen again now that I know better.

Enclosed is my check for \$158.75. Please call me at (954)922-7780 if you have any questions. Once again thank-you for your kind cooperation in this matter.

Sincerely,



Ramona Rameshwar
President