

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049707

FILED
Apr 28, 2004
Secretary of State

Entity Name: PHYSICIAN'S ADVICE SKIN CARE, INC.

Current Principal Place of Business:

5445 MARINER ST
TAMPA, FL 33609

New Principal Place of Business:

550 N REO ST
SUITE 300
TAMPA, FL 33609

Current Mailing Address:

5445 MARINER ST
TAMPA, FL 33609

New Mailing Address:

550 N REO ST
SUITE 300
TAMPA, FL 33609

FEI Number: 59-3582026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, ADRIENNE
Address: 900 5TH AVE
City-St-Zip: NEW YORK, NY 10021

Title: GM () Delete
Name: GLASSMAN, JEFFREY
Address: 1735 YORK AVENUE 11-H
City-St-Zip: NEW YORK, NY 10128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFREY GLASSMAN

GM

04/28/2004

Electronic Signature of Signing Officer or Director

Date