

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000066637

**Entity Name:** DERM CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

3850 HOLLYWOOD BLVD. SUITE 300  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3850 HOLLYWOOD BLVD. SUITE 300  
HOLLYWOOD, FL 33021 US

**FEI Number: 81-3540312**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SCHILLINGER, JEFFREY  
1150 SOUTH SOUTHLAKE DRIVE  
HOLLYWOOD, FL 33019 US

*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

**Officer/Director Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | OFFICER                        | Title           | OFFICER                        |
| Name            | SCHILLINGER, JEFFREY           | Name            | CHRISTOPHER, MAFFEI            |
| Address         | 3850 HOLLYWOOD BLVD. SUITE 300 | Address         | 3850 HOLLYWOOD BLVD. SUITE 300 |
| City-State-Zip: | HOLLYWOOD FL 33021             | City-State-Zip: | HOLLYWOOD FL 33021             |

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTOPHER MAFFEI**

**OFFICER**

**01/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date