**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 12, 2023**
**Secretary of State**
**1700594090CC**

DOCUMENT# F12000000821

**Entity Name:** DERMASENSOR, INC.

**Current Principal Place of Business:**

80 SW 8TH STREET
SUITE 2000
MIAMI, FL 33130

**Current Mailing Address:**

PO BOX 310703
MIAMI, FL 33231

**FEI Number: 27-0282657**

**Certificate of Status Desired:** No

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

SIMMONS, CODY
80 SW 8TH STREET
SUITE 2000
MIAMI, FL 33130 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 | CEO | Title | D |
| Name | SIMMONS, CODY | Name | DELEVIC, IVAN C |
| Address | PO BOX 310703 | Address | PO BOX 310703 |
| City-State-Zip: | MIAMI FL 33231 | City-State-Zip: | MIAMI FL 33231 |
| Title | D | Title | D |
| Name | DEWEY, CHRISTOPHER | Name | FERRE, MAURICE |
| Address | PO BOX 310703 | Address | PO BOX 310703 |
| City-State-Zip: | MIAMI FL 33231 | City-State-Zip: | MIAMI FL 33231 |
| Title | D | | |
| Name | MATLIN, DAVID | | |
| Address | PO BOX 310703 | | |
| City-State-Zip: | MIAMI FL 33231 | | |

*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: CODY SIMMONS CEO 04/12/2023

Electronic Signature of Signing Officer/Director Detail — Date