

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000973

**Entity Name:** DERMAVANCE PHARMACEUTICALS INC.

**Current Principal Place of Business:**

10 VALLEY STREAM PARKWAY  
SUITE 104  
MALVERN, PA 19355

**Current Mailing Address:**

10 VALLEY STREAM PARKWAY  
SUITE 104  
MALVERN, PA 19355 US

**FEI Number:** 20-5149099

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name GREATHOUSE, KEITH A  
Address 10 VALLEY STREAM PARKWAY #104  
City-State-Zip: MALVERN PA 19355

Title TD  
Name LAROSA, JOHN  
Address 10 VALLEY STREAM PARKWAY #104  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name SMITH, BRIAN  
Address 10 VALLEY STREAM PARKWAY #104  
City-State-Zip: MALVERN PA 19355

*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:** KEITH A GREATHOUSE

PRESIDENT

01/26/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date