

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027365

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** FLORIDA DERMATOLOGY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

8787 BRYAN DAIRY RD., #360  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

8787 BRYAN DAIRY RD., #360  
LARGO, FL 33777

**New Mailing Address:**

**FEI Number:** 59-2949132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S  
1245 COURT STREET, STE 102  
CLEARWATER, FL 33756 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PIERCE, DOUGLAS K MD  
Address: 8787 BRYAN DAIRY RD #360  
City-St-Zip: LARGO, FL 33777

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS K PIERCE

MD

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date