

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027365

**FILED**  
**Jan 19, 2011**  
**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:**

8787 BRYAN DAIRY RD.  
#360  
LARGO, FL 33777

**Current Mailing Address:**

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

**New Mailing Address:**

8787 BRYAN DAIRY RD.  
#360  
LARGO, FL 33777

**FEI Number:** 59-2949132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, DOUGLAS K PD  
8787 BRYAN DAIRY RD.  
SUITE 360  
LARGO, FL 33777 US

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

PIERCE, DOUGLAS K  
8787 BRYAN DAIRY RD.  
SUITE 360  
LARGO, FL 33777 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: DOUGLAS K. PIERCE

01/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

MGRM

01/19/2011

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