

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# L08000061988

Entity Name: MIAMI DERMATOLOGY AND AESTHETIC CENTER, LLC

**Current Principal Place of Business:**  
8501 SW 124TH AVENUE, SUITE 203-B  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**  
8501 SW 124TH AVENUE, SUITE 203-B  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**  
IBANEZ, SANDRA R  
16057 SW 85 STREET  
MIAMI, FL 33193 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: MGR ( ) Delete  
Name: IBANEZ, SANDRA R  
Address: 16057 SW 85 STREET  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: IBANEZ, REBECCA  
Address: 16057 SW 85 STREET  
City-St-Zip: MIAMI, FL 33193

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: SANDRA IBANEZ MGR 04/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date