2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013178

Entity Name: AMERICAN MOBILE DERMATOLOGY, LLC

FILED Nov 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1355 WEST PALMETTO PARK ROAD, SUITE 263 10301 HAGEN RANCH ROAD BOCA RATON, FL 33486

SUITE B-740

BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

1355 WEST PALMETTO PARK ROAD, SUITE 263 10301 HAGEN RANCH ROAD

BOCA RATON, FL 33486 SUITE B-740

BOYNTON BEACH, FL 33437

FEI Number: 90-0067619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

AMERICAN INFORMATION SERVICES, INC. MAHARREY, JENNIFER 350 EAST LAS OLAS BLVD. 10301 HAGEN RANCH ROAD

FORT LAUDERDALE, FL 33301 SUITE B-740 US BOYNTON BEACH, FL 33437 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: JENNIFER MAHARREY 11/08/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition

MAHARREY, JENNIFER Name: Name: Address: Address: 10301 HAGEN RANCH ROAD STE B-740

City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNIFER MAHARREY **MGRM** 11/08/2004