

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066684

**FILED**  
**Jan 04, 2008**  
**Secretary of State**

**Entity Name:** ROMAGOSA DERMATOLOGY GROUP, LLC

**Current Principal Place of Business:**

500 SE OSCEOLA ST, SUITE 201  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

500 SE OSCEOLA ST, SUITE 201  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-3110016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INFANTE, ZUMPARO, HUDSON & MILOCH, LLC  
500 SOUTH DIXIE HWY, STE 302  
CORAL GABLES, FL 33146 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: ROMAGOSA, RICARDO A M.D.  
Address: 152 N.W. MAGNOLIA LAKES BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34986

**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: RICARDO ANTONIO ROMAGOSA, MD

MGRM

01/04/2008

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