

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000736

Entity Name: VISAGE DERMATOLOGY LLC

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5253 CENTRAL AVE  
SAINT PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

5253 CENTRAL AVE  
SAINT PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number: 20-4041180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KONGSIRI, ALEXANDRIA S  
5253 CENTRAL AVE  
SAINT PETERSBURG, FL 33710 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  
Name: KONGSIRI, ALEXANDRIA S  
Address: 5253 CENTRAL AVE  
City-St-Zip: SAINT PETERSBURG, FL 33710 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: ALEXANDRIA KONGSIRI

MGR

05/16/2012

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