

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011605

FILED
Sep 30, 2004
Secretary of State

Entity Name: ADULT & PEDIATRIC DERMATOLOGY OF SARASOTA, P.L.

Current Principal Place of Business:

1217 EAST AVE., S., SUITE 301
SARASOTA, FL 34239

New Principal Place of Business:

P.O. BOX 1542
OSPREY, FL 34229

Current Mailing Address:

1217 EAST AVE., S., SUITE 301
SARASOTA, FL 34239

New Mailing Address:

P.O. BOX 1542
OSPREY, FL 34229

FEI Number: 65-1042936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOHN, JOSEPH J
1217 EAST AVE. SOUTH
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

YOHN, JOSEPH J MD
850 PLACID LAKE DRIVE
OSPREY, FL 34229 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: JOSEPH YOHN

09/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: YOHN, JOSEPH J
Address: 1217 EAST AVE S, 301
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YOHN, JOSEPH J
Address: 850 PLACID LAKE DRIVE
City-St-Zip: OSPREY, FL 34229

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: JOSEPH YOHN

MGRM

09/30/2004

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