

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011605

FILED
Jul 31, 2005
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 1542
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1542
OSPREY, FL 34229

New Mailing Address:

FEI Number: 65-1042936 **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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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 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 J YOHN

MGRM

07/31/2005

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