

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013158

FILED  
Jul 06, 2005  
Secretary of State

**Entity Name:** DERMATOLOGY HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

7902 W. WATERS AVENUE SUITE G & H  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7902 W. WATERS AVENUE SUITE G & H  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 59-3679124      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:**

GASSMAN, ALAN S ESQUIRE  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756      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: MGR ( ) Delete  
Name: NORMAN, ROBERT A D.O.  
Address: 7902 W. WATERS AVENUE SUITE G & H  
City-St-Zip: TAMPA, FL 33615

Title: MGRM ( ) Delete  
Name: NORMAN, CAROL  
Address: 7902 W. WATERS AVENUE SUITE G & H  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROL NORMAN

MGMR

07/06/2005

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