

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013158

FILED
Mar 28, 2006
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:

8002 GUNN HWY
TAMPA, FL 33626

Current Mailing Address:

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

New Mailing Address:

8002 GUNN HWY
TAMPA, FL 33626

FEI Number: 59-3679124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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 () 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: MGR (X) Change () Addition
Name: NORMAN, ROBERT A D.O.
Address: 8002 GUNN HWY
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Change () Addition
Name: NORMAN, CAROL
Address: 8002 GUNN HWY
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL NORMAN

MGRM

03/28/2006

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