2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

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Entity Name: SPACE COAST DERMATOLOGY CLINIC, P.L.C.

Current Principal Place of Business:

695 CONE PARK COURT
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

695 CONE PARK COURT
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 30-0003505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EARHART, JAMES A M.D.
695 CONE PARK COURT
MERRITT ISLAND, FL 32952 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/MEMBERS:

Title: MGRM ( ) Delete
Name: EARHART, JAMES A M.D.
Address: 695 CONE PARK COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: SHRADER, SANDRA K
Address: 695 CONE PARK COURT
City-St-Zip: MERRITT ISLAND, FL 32952

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: JAMES A. EARHART MGRM 01/25/2005

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