

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029333

FILED
May 01, 2007
Secretary of State

Entity Name: DERMATOLOGY NETWORK SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Principal Place of Business:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166 US

Current Mailing Address:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Mailing Address:

7220 NW 36 STREET
SUITE 103
MIAMI, FL 33166 US

FEI Number: 22-3880492 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:

DENES, GREG
14255 U.S. HIGHWAY ONE
SUITE 243
JUNO BEACH, FL 33408 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: CANTILLO, JULIAN G
Address: 1575 SAN IGNACIO AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CANTILLO, JULIAN G
Address: 7220 NW 36 STREET
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify 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: JULIAN CANTILLO

MGR

05/01/2007

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