

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000178

**FILED**  
**Jan 12, 2004**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN DERMATOLOGY CELEBRATION, LLC

**Current Principal Place of Business:**

400 CELEBRATION PLACE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 692049  
ORLANDO, FL 32869

**New Mailing Address:**

**FEI Number:** 71-0930166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEELE, WILLIAM A M.D.  
400 CELEBRATION PLACE  
CELEBRATION, FL 34747 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: VD ( ) Delete  
Name: STEELE, WILLIAM A M.D.  
Address: 9430 TURKEY LAKE ROAD  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: GOFF, MAYNARD III PHD  
Address: 9430 TURKEY LAKE ROAD  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEELE, WILLIAM A M.D.  
Address: 9430 TURKEY LAKE ROAD  
City-St-Zip: ORLANDO, FL 32819

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: WILLIAM A. STEELE, MD

MGRM

01/12/2004

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