2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# L03000000183

Entity Name: ASSOCIATES IN DERMATOLOGY POLK COUNTY, LLC

Current Principal Place of Business:

2205 NORTH BOULEVARD WEST
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 692049
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 71-0930171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEELE, WILLIAM A M.D.
2205 NORTH BOULEVARD WEST
DAVENPORT, FL 33837 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:	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:	( ) 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: WILLIAM A. STEELE, MD MGRM 01/12/2004

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