

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L03000000183

1. Entity Name

ASSOCIATES IN DERMATOLOGY POLK COUNTY, LLC



FILED

03 APR 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2205 North Blvd West
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 692049
Suite, Apt. #, etc.

Orlando FL

City & State

Davenport, Florida

Zip

33837

Country

USA

Zip

32869

Country

USA

4. FEI Number

71-0930171

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William A. Steele MD

Street Address (P.O. Box Number is Not Acceptable)

2205 North Blvd West

City

Davenport

FL

Zip Code

33837

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mgr
Steele, William A MD
9430 Turkey Lake Rd
Orlando Florida 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200015640772
04/10/03--01029--025 **55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mgr
Goff, Maynard III PHD
9430 Turkey Lake Rd
Orlando FL 32819

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)