

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000185

FILED
Jan 12, 2004
Secretary of State

Entity Name: ASSOCIATES IN DERMATOLOGY ST. CLOUD, LLC

Current Principal Place of Business:

1600 BUDINGER AVENUE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 692049
ORLANDO, FL 32869

New Mailing Address:

FEI Number: 71-0930160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, WILLIAM A M.D.
1600 BUDINGER AVENUE
ST CLOUD, FL 34769 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