

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000000185 1. Entity Name Associates IN Dermatology St. Cloud LLC	
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FILED
03 APR 10 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1600 Budinger Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 692049 Suite, Apt. #, etc.
City & State St. Cloud	City & State Orlando Florida
Zip 34769	Zip 32869
Country USA	Country USA

DO NOT WRITE IN THIS SPACE	
4. FEI Number 71-0930160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name William A. Steele MD	
Street Address (P.O. Box Number is Not Acceptable) 1600 Budinger Ave	
City St. Cloud	FL
Zip Code 34769	

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

B. MANAGING MEMBERS / MANAGERS			
TITLE	MGRM	TITLE	
NAME	Steele, William A. MD	NAME	500015651545
STREET ADDRESS	9430 Turkey Lake RD	STREET ADDRESS	04/10/03--01081--014 **\$5.00
CITY-ST-ZIP	Orlando FL 32819	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Goff, MAYNARD III PHD	NAME	
STREET ADDRESS	9430 Turkey Lake RD	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____ 4/7/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)