

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

DOCUMENT# L03000000186

1. Entity Name

ASSOCIATES IN DERMATOLOGY ORLANDO, LLC



FILED

03 APR -9 AM 7:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9430 Turkey Lake Rd

3. Mailing Address

P.O. Box 692049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

Orlando Florida

City & State

City & State

Orlando Florida

Zip

Country

Zip

Country

32819

USA

32869

USA

800015565648

04/09/03--01081--009 **55.00

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MJM

4/9

4. FEI Number

71-0930175

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$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)

9430 Turkey Lake Rd Suite 212

City

Orlando

FL

Zip Code

32819

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 MGRM
NAME Steele, William A M.D.
STREET ADDRESS 9430 Turkey Lake Rd
CITY-ST-ZIP Orlando Florida 32819

TITLE MGRM
NAME Goff, MAYNARD M.D. PHD
STREET ADDRESS 9430 Turkey Lake Rd
CITY-ST-ZIP Orlando Florida 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 #

4/7/03

CR2E083B (12/02)