


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

DOCUMENT # <u>L03000000189</u>	
1. Entity Name <u>Associates In Dermatology Kissimmee LLC</u>	

FILED  
03 APR 10 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>725 E. Oak St</u> Suite, Apt. #, etc.	3. Mailing Address <u>P.O. Box 692049</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>Kissimmee, FL</u>	City & State <u>Orlando Florida</u>	4. FEI Number <u>71-0930184</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34744</u>	Country <u>USA</u>	Zip <u>32869</u>	Country <u>USA</u>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>William A. Steele MD</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>725 E. Oak St</u>	
City <u>Kissimmee</u>	FL Zip Code <u>34744</u>

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

**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	<u>MGM</u> <u>Steele, William A. MD</u> <u>9430 Turkey Lake RD</u> <u>Orlando, FL 32819</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100015640861</u> <u>04/10/03--01030--001 **55.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGM</u> <u>Goff, Maynard III PhD</u> <u>9430 Turkey Lake RD</u> <u>Orlando, FL 32819</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: \_\_\_\_\_ 4/9/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)