2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 08, 2004
Secretary of State

DOCUMENT# L03000013178

Entity Name: AMERICAN MOBILE DERMATOLOGY, LLC

Current Principal Place of Business:

1355 WEST PALMETTO PARK ROAD, SUITE 263
BOCA RATON, FL 33486

New Principal Place of Business:

10301 HAGEN RANCH ROAD
SUITE B-740
BOYNTON BEACH, FL 33437

Current Mailing Address:

1355 WEST PALMETTO PARK ROAD, SUITE 263
BOCA RATON, FL 33486

New Mailing Address:

10301 HAGEN RANCH ROAD
SUITE B-740
BOYNTON BEACH, FL 33437

FEI Number: 90-0067619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
350 EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MAHARREY, JENNIFER
10301 HAGEN RANCH ROAD
SUITE B-740
BOYNTON BEACH, FL 33437 US

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: JENNIFER MAHARREY 11/08/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MAHARREY, JENNIFER
Address: 10301 HAGEN RANCH ROAD STE B-740
City-St-Zip: BOYNTON BEACH, FL 33437

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: JENNIFER MAHARREY MGRM 11/08/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date