

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023635

FILED
Apr 22, 2004
Secretary of State

Entity Name: DERMATOLOGY NETWORK SOLUTIONS USA, LLC

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 20-0067918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METSCH, BENJAMIN
1455 N.W. 14TH STREET
MIAMI, FL 33125 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PROVIDER NETWORK SOL, UTIONS, LLC
Address: 1575 SAN IGNACIO AVENUE, PH
City-St-Zip: CORAL GABLES, FL 33146

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: PROVIDER NETWORK SOLUTIONS, LLC

MGR

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date