


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027194

1. Entity Name
 FLORIDA DERMATOLOGY, L.L.C.



Principal Place of Business
 1703 LEWIS TURNER BLVD.
 FORT WALTON BEACH, FL 32547

Mailing Address
 1703 LEWIS TURNER BLVD.
 FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE



06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3767601	Applied For
	Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARROWSMITH, DAVID R
 1703 LEWIS TURNER BLVD.
 FORT WALTON BEACH, FL 32547

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARROWSMITH, DAVID R 1703 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547
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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)(f), 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: David R. Arrowsmith 7/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #