

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027194

**FILED**  
**Feb 19, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA DERMATOLOGY, L.L.C.

**Current Principal Place of Business:**

11 10 TH AVE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

11 10TH AVE  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 04-3767601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARDOIN, VINCENT S  
5073 SOUNDSIDE DR  
GULF BREEZE, FL 32563 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/MANAGERS:**

**Title:** MGRM  
**Name:** ARROWSMITH, DAVID R  
**Address:** 11 10TH AVE  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** MGR  
**Name:** ARDOIN, VINCENT S  
**Address:** 5065 SOUNDSIDE DR  
**City-St-Zip:** GULF BREEZE, FL 32563

I hereby 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: VINCENT S. ARDOIN

MGR

02/19/2012

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