


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 031 ****55.00

DOCUMENT # L03000053242

1. Entity Name
 SOUTH BEACH DERMATOLOGY, PLC



Principal Place of Business
 555 WASHINGTON AVENUE
 SUITE 210
 MIAMI BEACH, FL 33139

Mailing Address
 555 WASHINGTON AVENUE
 SUITE 210
 MIAMI BEACH, FL 33139



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192004 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
XXXXXXXXXX	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, TANEN & TRENCH, P.A.
 TWO SOUTH BISCAYNE BOULEVARD
 SUITE 3700
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDY, STEPHEN H M.D. 1000 SOUTH POINTE DRIVE, SUITE 1404 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **STEPHEN MANDY** **2/21/04 3056721233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #