


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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
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01052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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 May 1, 2006**

000000379829
 01/10/06-80039-005 50.00

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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.