

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053242

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** SOUTH BEACH DERMATOLOGY, PLC

**Current Principal Place of Business:**

555 WASHINGTON AVENUE  
SUITE 210  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

555 WASHINGTON AVENUE  
SUITE 210  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

GOLDSTEIN, TANEN & TRENCH, P.A.  
TWO SOUTH BISCAYNE BOULEVARD  
SUITE 3700  
MIAMI, FL 33131 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 ( ) Delete  
Name: MANDY, STEPHEN H M.D.  
Address: 1000 SOUTH POINTE DRIVE, SUITE 1404  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEPHEN MANDH

DR

01/07/2008

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