

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006394

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** NEW PARADIGM DERMATOLOGY, PL

**Current Principal Place of Business:**

1134 CELEBRATION BOULEVARD  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

410 CELEBRATION PLACE  
SUITE 301  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

PO BOX 470026  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 34-1976202      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOODLESS, DEAN R  
1134 CELEBRATION BOULEVARD  
CELEBRATION, FL 34747 US

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

GOODLESS, DEAN R  
410 CELEBRATION PLACE  
SUITE 301  
CELEBRATION, FL 34747 US

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:

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOODLESS, DEAN R  
Address: 1134 CELEBRATION BOULEVARD  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOODLESS, DEAN R  
Address: 410 CELEBRATION PLACE SUITE 301  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEAN R GOODLESS MD

MGMR

03/29/2006

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