

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90139 001 ***100.00

DOCUMENT # L04000019190

1. Entity Name

DERMATOLOGIC AND COSMETIC SURGERY CENTER, LC



Principal Place of Business

2668 SWAMP CABBAGE CT.
FT. MYERS FL 33901

Mailing Address

2668 SWAMP CABBAGE CT.
FT. MYERS FL 33901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

22-3903452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBY, CHARLES S
2668 SWAMP CABBAGE CT.
FT. MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
EBY, CHARLES S
2668 SWAMP CABBAGE CT.
FT. MYERS FL 33901 ☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/22/07 239-5261145
Date Daytime Phone #