

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023431

Entity Name: DERM HORIZONS, II, L.L.C.

FILED  
Mar 07, 2006  
Secretary of State

**Current Principal Place of Business:**

4340 NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

10925 SW 27TH AVE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4340 NEWBERRY ROAD  
GAINESVILLE, FL 32607

**New Mailing Address:**

10925 SW 27TH AVE  
GAINESVILLE, FL 32607

FEI Number: 59-3590693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, LARRY N  
4340 NEWBERRY ROAD  
GAINESVILLE, FL 32607 US

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

SMITH, LARRY N  
10925 SW 27TH AVE  
GAINESVILLE, FL 32607 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: DR. LARRY N. SMITH

03/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TIMMONS, VALERIE  
Address: 4340 NEWBERRY ROAD  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, LARRY N MD  
Address: 10925 SW 27TH AVE  
City-St-Zip: GAINESVILLE, FL 32607 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: DR. LARRY N SMITH

PRES

03/07/2006

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