

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033234

FILED
Apr 29, 2005
Secretary of State

Entity Name: SOUTH TAMPA DERMATOLOGY, PL

Current Principal Place of Business:

2605 W. SWANN AVE.
SUITE #200
TAMPA, FL 33609 US

Current Mailing Address:

4813 LONGWATER WAY
TAMPA, FL 33615 US

New Principal Place of Business:

2605 W. SWANN AVE.
SUITE #300
TAMPA, FL 33609 US

New Mailing Address:

2605 W. SWANN AVE
#300
TAMPA, FL 33609 US

FEI Number: 20-1114886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLYNN, JAMES G
4813 LONGWATER WAY
TAMPA, FL 33615 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/MEMBERS:

Title: MGR () Delete
Name: FLYNN, JAMES G
Address: 2605 W. SWANN AVE. #200
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete
Name: FLYNN, LINDA J MD
Address: 2605 W. SWANN AVE. #200
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLYNN, JAMES G
Address: 2605 W. SWANN AVE. #300
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM (X) Change () Addition
Name: FLYNN, LINDA J MD
Address: 2605 W. SWANN AVE. #300
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES G FLYNN

MGR

04/29/2005

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