

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033234

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** SOUTH TAMPA DERMATOLOGY, PL

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
2605 W. SWANN AVE  
#300  
TAMPA, FL 33609 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:** MGR  
**Name:** FLYNN, JAMES G  
**Address:** 2605 W. SWANN AVE. #300  
**City-St-Zip:** TAMPA, FL 33609 US

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

I hereby 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:** LINDA J FLYNN, MD

MGRM

03/17/2012

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