Feb. 11. 2005 2:28PM FADC

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90175 014 ****55.00

DOCUMENT # L04000044111

1. Entity Name
FLORIDA ACADEMIC DERMATOLOGY CENTERS, LLC

Principal Place of Business	Mailing Address
4302 ALTON RD, STE 1005 MIAMI BEACH, FL 33140	4302 ALTON RD, STE 1005 MIAMI BEACH, FL 33140

02092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1400 NW 12th Avenue Suite, Apt. #, etc.	1400 NW 12th Avenue Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33136 Country: U.S.	Zip: 33136 Country: U.S.

4. FEI Number: 20-1238443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAUFFMAN, RONALD H 100 SE SECOND ST, STE 2700 MIAMI, FL 33131	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: X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changed.) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZAIAC, MARTIN M.D. 4302 ALTON RD, STE 1005 MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEISS, EDWARDO M.D. 50 HOLLYWOOD BLVD, STE 301 HOLLYWOOD, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLORESX, FRANCISCO M.D. 50 HOLLYWOOD BLVD, STE 301 HOLLYWOOD, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM KERDEL, FRANCISCO A 1400 NW 12TH AVE, STE 4 MIAMI, FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

X I hereby certify that the information supplied with this filing does not qualify 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 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 Date Daytime Phone #