

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000044111

1. Entity Name
FLORIDA ACADEMIC DERMATOLOGY CENTERS, LLC



Principal Place of Business

**1400 NW 12TH AVENUE
SUITE 4
MIAMI, FL 33136**

Mailing Address

**1400 NW 12TH AVENUE
SUITE 4
MIAMI, FL 33136**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1238143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAUFFMAN, RONALD H
100 SE SECOND ST, STE 2700
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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)

2/16/2007
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KERDEL, FRANCISCO A
1400 NW 12TH AVE. STE 4
MIAMI, FL 33136**

TITLE
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CITY-ST-ZIP

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03/27/07-80045-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

01/09/07 (305) 324-2110

Date

Daytime Phone #