2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L04000044111

Entity Name: FLORIDA ACADEMIC DERMATOLOGY CENTERS, LLC

Current Principal Place of Business:

1400 NW 12TH AVENUE
SUITE 4
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1400 NW 12TH AVENUE
SUITE 4
MIAMI, FL 33136

New Mailing Address:

FEI Number: 20-1238143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFFMAN, RONALD H
100 SE SECOND ST, STE 2700
MIAMI, FL 33131 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: MGRM ( ) Delete
Name: KERDEL, FRANCISCO A
Address: 1400 NW 12TH AVE, STE 4
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE GOMEZ MANA 01/12/2009

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