

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066528

FILED
Apr 26, 2005
Secretary of State

Entity Name: SPENCER DERMATOLOGY & SKIN SURGERY CENTER, L.L.C.

Current Principal Place of Business:

815 18TH AVE. NE
ST. PETERSBURG, FL 33704

New Principal Place of Business:

900 CARILLON PARKWAY
SUITE 404
ST. PETERSBURG, FL 33716

Current Mailing Address:

815 18TH AVE. NE
ST. PETERSBURG, FL 33704

New Mailing Address:

900 CARILLON PARKWAY
SUITE 404
ST. PETERSBURG, FL 33716

FEI Number: 30-0272041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SPENCER, JAMES M
Address: 900 CARILLON PARKWAY, SUITE 404
City-St-Zip: SAINT PETERSBURG, FL 33716 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 M. SPENCER

MD

04/26/2005

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