

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066528

**FILED**  
**Jan 26, 2007**  
**Secretary of State**

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

**Current Principal Place of Business:**

900 CARILLON PARKWAY  
SUITE 404  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

900 CARILLON PARKWAY  
SUITE 404  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

**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:**

SPENCER, JAMES M DR.  
900 CARILLON PARKWAY  
SUITE 404  
ST. PETERSBURG, FL 33716 US

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: JAMES M. SPENCER

01/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) 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 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: JAMES M. SPENCER

DR

01/26/2007

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