## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000090888

Entity Name: ASSOCIATES IN DERMATOLOGY, KISSIMMEE, LLC

**FILED** Apr 14, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

725 E. OAK STREET KISSIMMEE, FL 34744

**Current Mailing Address: New Mailing Address:** 

PO BOX 692049 ORLANDO, FL 32869

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A.G.C. CO. 200 S. ORANGE AVENUE, SUITE 2300 ORLANDO, FL 32801 ÚS

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: (X) Change ( ) Addition

STEELE, WILLIAM A DR STEELE, WILLIAM A MD Name: Name: Address: 725 EAST OAK STREET Address: 725 EAST OAK STREET City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

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: WILLIAM A STEELE MD **MGRM** 04/14/2009