

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090894

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

**Entity Name:** ASSOCIATES IN DERMATOLOGY, ORLANDO, LLC

**Current Principal Place of Business:**

725 E. OAK STREET  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 692049  
ORLANDO, FL 32869

**New Mailing Address:**

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

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

A.G.C. CO.  
200 S. ORANGE AVENUE, SUITE 2300  
ORLANDO, FL 32801 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: STEELE, WILLIAM A DR  
Address: 725 EAST OAK STREET  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEELE, WILLIAM A MD  
Address: 725 EAST OAK STREET  
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

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