


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 18 AM 11:35

<b>DOCUMENT # L04000092533</b>			
1. Entity Name <b>DERMATOLOGY ASSOCIATES OF NAPLES, LLC</b>			
Principal Place of Business <b>2901 GULF SHORE BLVD., UNIT 403 NAPLES, FL 34103</b>		Mailing Address <b>2901 GULF SHORE BLVD., UNIT 403 NAPLES, FL 34103</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>100 WHITE SPRUCE BLVD</b>  Suite, Apt. #, etc.	
City & State  		City & State <b>ROCHESTER, N.Y</b>	
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>14623</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>UCC FILING &amp; SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		<b>In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOSS, ROBERT W JR., MD 19 BROOKWOOD ROAD PITTSFORD, NY 14534</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100060691801 10/18/05--01005--007 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <i>Robert W. Loss</i>		<b>10/12/05 (585) 272-0700</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	