

L04000092533

Dermatology Associates of Rochester P.C.
(Requestor's Name)

100 White Spruce Blvd
(Address)

(Address)

Rochester, NY 14623
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200084600552

02/05/07--01043--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -5 PM 3:56

J. BRYAN FEB - 6 2007

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Dermatology Associates of Naples, LLC

2. The mailing address of the limited liability company is : 2901 Gulf Shore Boulevard, Unit 403
Naples, FL 34103

12/22/2004 L04000092533
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

UCC Filing & Search Services, Inc.
Name
1574 Village Square Boulevard, Suite 100
Address
Tallahassee, FL 32309
City, State and Zip

6. The name and address of the new registered agent and/or office:

Robert W. Loss, Jr., M.D.
Name
9510 Bonita Beach Road SE, Suite 101
Florida street address (P.O. Box NOT acceptable)
Bonita Springs, FL 34135-4699
City, State and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -5 PM 3:56

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert W. Loss, Jr.
(Signature of a member or authorized representative of a member)

Robert W. Loss, Jr., M.D., Member
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert W. Loss, Jr.
(Signature of Registered Agent) Robert W. Loss, Jr., M.D.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00