
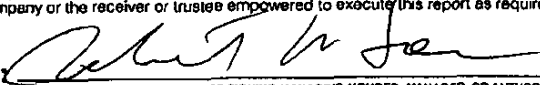


FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-30-2007 90048 026 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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| <b>DOCUMENT # L04000092533</b>   |  |   |  |
| 1. Entity Name<br>DERMATOLOGY ASSOCIATES OF NAPLES, LLC  |  |  |  |
| Principal Place of Business<br>2901 GULF SHORE BLVD., UNIT 403<br>NAPLES, FL 34103   |  | Mailing Address<br>2901 GULF SHORE BLVD., UNIT 403<br>NAPLES, FL 34103   |  |
| 2. Principal Place of Business - No P.O. Box #<br>9510 BONITA BEACH ROAD SE<br>Suite, Apt. #, etc.<br>SUITE 101<br>City & State<br>BONITA SPRINGS, FL<br>Zip<br>34135-4699<br>Country<br>U.S.A   |  | 3. Mailing Address<br>9510 BONITA BEACH ROAD SE<br>Suite, Apt. #, etc.<br>SUITE 101<br>City & State<br>BONITA SPRINGS, FL<br>Zip<br>34135-4699<br>Country<br>U.S.A |  |
| 03162007 Chg-LLC CR2E083 (12/06)   |  | 4. FEI Number<br>20-2053287  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>LOSS, ROBERT W JR, MD<br>9510 BONITA BEACH ROAD SE, SUITE 101<br>BONITA SPRINGS, FL 34135-4699  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>MGRM<br>LOSS, ROBERT W JR.,MD<br>19 BROOKWOOD ROAD<br>PITTSFORD, NY 14534  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Change Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |  |
| SIGNATURE   |  | 4/25/7 (585) 272-0700  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |  |