


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90237 020 ***138.75

DOCUMENT # L04000092533 1. Entity Name DERMATOLOGY ASSOCIATES OF NAPLES, LLC	
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60016711



02162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 9510 BONITA BEACH RD SE STE 101 BONITA SPRINGS, FL 34135		Mailing Address 9510 BONITA BEACH RD SE STE 101 BONITA SPRINGS, FL 34135	
2. Principal Place of Business - No P.O. Box # 9510 BONITA BEACH ROAD SE Suite, Apt. #, etc. SUITE 101		3. Mailing Address 9510 BONITA BEACH ROAD SE Suite, Apt. #, etc. SUITE 101	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34135-4699	Country U.S.A	Zip 34135-4699	Country U.S.A
4. FEI Number 20-2053287		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent Campbell-Loss, Janice E 9510 BONITA BEACH ROAD SE, SUITE 101 BONITA SPRINGS, FL 34135-4699		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Campbell-Loss, Janice E 19 BROOKWOOD ROAD PITTSFORD, NY 14534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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	<input type="checkbox"/> Change <input type="checkbox"/> 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: Janice E. Campbell-Loss **3-19-08** **(585) 272-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #