

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001644

Entity Name: ATLANTIC DERMATOLOGY LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

1980 N. ATLANTIC AVE.
SUITE 722
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

1980 N. ATLANTIC AVE.
SUITE 722
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 20-2111643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLWOOD, KRISTIN W
56 CRYSTAL RIVER DRIVE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

SMALLWOOD, KRISTIN W
56 CRYSTAL RIVER
COCOA BEACH, FL 32931 US

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:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMALLWOOD, KRISTIN W
Address: 56 CRYSTAL RIVER DRIVE
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMALLWOOD, KRISTIN W
Address: 56 CRYSTAL RIVER
City-St-Zip: COCOA BEACH, FL 32931 US

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: KRISTIN W SMALLWOOD

MGR

01/08/2008

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