

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019083

Entity Name: MY DERMA CLINIC, LLC

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

12235 SO. DIXIE HWY.
PINECREST, FL 33156 US

New Principal Place of Business:

12235 S. DIXIE HWY.
PINECREST, FL 33156 US

Current Mailing Address:

12235 SO. DIXIE HWY
PINECREST, FL 33156 US

New Mailing Address:

12235 S. DIXIE HWY
PINECREST, FL 33156 US

FEI Number: 20-2402393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINI, KENNETH L
9350 SO. DIXIE HWY, WALTON LANTAFF
10TH FL
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

VALENTINI, KENNETH L
8200 CORAL WAY
MIAMI, FL 33155 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:

01/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HALEY, MARIA M
Address: 12235 SO. DIXIE HWY.
City-St-Zip: PINECREST, FL 33156 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HALEY, MARIA M
Address: 12235 S. DIXIE HWY.
City-St-Zip: PINECREST, FL 33156 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA M. HALEY

PRES

01/16/2007

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