

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059590

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** ESTERO DERMATOLOGY & SKIN SURGERY CENTER,LLC

**Current Principal Place of Business:**

10201 ARCOS AVE.  
SUITE 203  
ESTERO, FL 33928 US

**New Principal Place of Business:**

**Current Mailing Address:**

20405 TORRE DEL LAGO ST.  
ESTERO, FL 33928 US

**New Mailing Address:**

10201 ARCOS AVE.  
SUITE 203  
ESTERO, FL 33928 US

FEI Number: 20-1263316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOUCK, EDWARD W DR.  
20405 TORRE DEL LAGO ST.  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

HOUCK, EDWARD W  
20405 TORRE DEL LAGO ST.  
ESTERO, FL 33928 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: EDWARD W. HOUCK

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOUCK, GREGORY M DR.  
Address: 20405 TORRE DEL LAGO  
City-St-Zip: ESTERO, FL 33928 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GREGORY M. HOUCK

DR.

04/28/2008

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