

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 04, 2006 8:00 am
Secretary of State

04-06-2006 90298 008 ****50.00

DOCUMENT # L05000063992																																															
1. Entity Name DERMATOLOGY RX, LLC																																															
Principal Place of Business 6280 S.W. 72 STREET, #611 MIAMI, FL 33143			Mailing Address 6280 S.W. 72 STREET, #611 MIAMI, FL 33143																																												
2. Principal Place of Business			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country	Zip		Country																																										
4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-4788057</div>																																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																															
6. Name and Address of Current Registered Agent DE LA ROSA, JOSE 6280 S.W. 72 STREET, #611 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ 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 reappointing) DATE _____																																															
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"> MGR COLSKY, ARTHUR 6280 S.W. 72 STREET, #611 MIAMI, FL 33143 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COLSKY, ARTHUR 6280 S.W. 72 STREET, #611 MIAMI, FL 33143	<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	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	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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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: <u>Arthur Colsky</u> 2/2/06																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															

ATTACHMENT

30007087

#L05000063992

ELLIOTT J. GELFAND, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

10661 NORTH KENDALL DRIVE . SUITE 201 . MIAMI, FLORIDA 33176 . Phone (305) 274-8181 . FAX (305) 274-8282

DATE: January 27, 2006

INSTRUCTIONS FOR FILING

STATE OF FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity: DERMATOLOGY RX, LLC

Enclosed is the State of Florida Limited Liability Company Annual Report for 2006.

- ☒ If a NEW registered agent is appointed, please execute boxes 7 and 8.
- ☒ Attach a check in the amount of \$50.00 made payable to:
Florida Department of State.
- ☒ The return must be signed, printed name and dated by officer or director at box 11.
- ☒ The return must be mailed ON OR BEFORE MAY 1, 2006.
- ☒ Mail the return to:

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

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- ☒ If you would like to file on line, follow instructions on postcard.

A copy of the return is enclosed for your files.

PLEASE VERIFY ALL INFORMATION ON THE RETURN.

MEMBER OF THE AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS