

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063992

Entity Name: DERMATOLOGY RX, LLC

FILED
Aug 24, 2009
Secretary of State

Current Principal Place of Business:

6280 S.W. 72 STREET, #611
MIAMI, FL 33143

New Principal Place of Business:

6280 S.W. 72 STREET, #500
MIAMI, FL 33143

Current Mailing Address:

6280 S.W. 72 STREET, #611
MIAMI, FL 33143

New Mailing Address:

6280 S.W. 72 STREET, #500
MIAMI, FL 33143

FEI Number: 20-4788057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LA ROSA, JOSE
6280 S.W. 72 STREET, #611
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

DE LA ROSA, JOSE
6280 S.W. 72 STREET, #500
MIAMI, FL 33143 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: JOSE DE LA ROSA

08/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLSKY, ARTHUR
Address: 6280 SW 72 ST STE 500
City-St-Zip: MIAMI, FL 33143

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: ARTHUR COLSKY

MGR

08/24/2009

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