

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063992

Entity Name: DERMATOLOGY RX, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

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

## **Current Mailing Address:**

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

## **New Mailing Address:**

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

FEI Number: 20-4788057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

COLSKY, ARTHUR S MD PHD  
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: ARTHUR S COLSKY MD PHD

01/05/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

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

I hereby 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 S COLSKY MD PHD

MGR

01/05/2012

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