

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L05000090289</b>			
<b>1. Entity Name</b> <b>DERMATOLOGY SCIENCES OF FLORIDA, LLC</b>			
<b>Principal Place of Business</b> <b>2904 BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>		<b>Mailing Address</b> <b>2904 BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>BODDEN, MITCHELL</b> <b>2904 BAY TO BAY BOULEVARD</b> <b>TAMPA, FL 33629</b>			Name -  Street Address    City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Signature, typed or printed name of registered agent and title if applicable.	
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BODDEN, MITCHELL 2904 BAY TO BAY BOULEVARD TAMPA, FL 33629		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.</b>			
<b>SIGNATURE:</b> _____			



ATTACHMENT

30001478

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

DERMATOLOGY SCIENCES OF FLORIDA, LLC  
2904 BAY TO BAY BOULEVARD  
TAMPA, FL 33629

Subject: **DERMATOLOGY SCIENCES OF FLORIDA, LLC**

Reference Number:

**L05000090289**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION