

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105066

**FILED**  
**Feb 14, 2007**  
**Secretary of State**

**Entity Name:** REFLECTIONS DERMATOLOGY AND CENTER FOR SKIN CARE, PLLC

**Current Principal Place of Business:**

742 GRANVILLE DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

875 OUTER ROAD  
ORLANDO, FL 32814

**Current Mailing Address:**

742 GRANVILLE DRIVE  
WINTER PARK, FL 32789

**New Mailing Address:**

1558 ALMOND AVE  
ORLANDO, FL 32814

**FEI Number:** 20-3670667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALCESKI, DIMITRY M  
742 GRANVILLE DRIVE  
WINTER PARK, FL 32789 US

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

PALCESKI, DIMITRY M  
1558 ALMOND AVE.  
ORLANDO, FL 32814 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: DIMITRY PALCESKI

02/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: PALCESKI, DIMITRY M D.O.  
Address: 742 GRANVILLE DRIVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: PALCESKI, DIMITRY M D.O.  
Address: 1558 ALMOND AVE  
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the 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: DIMITRY PALCESKI

MGMR

02/14/2007

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