

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105066

FILED
Mar 16, 2009
Secretary of State

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

Current Principal Place of Business:

875 OUTER ROAD
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

875 OUTER ROAD
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 20-3670667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PALCESKI, DIMITRY M
875 OUTER ROAD
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

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: PALCESKI, DIMITRY M D.O.
Address: 875 OUTER ROAD
City-St-Zip: ORLANDO, FL 32814

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PALCESKI, KATHERINE K
Address: 875 OUTER RD
City-St-Zip: ORLANDO, FL 32814

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: KATHERINE PALCESKI

MGR

03/16/2009

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