

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105066

**FILED**  
**Mar 06, 2011**  
**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 ( )**

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

MORGAN, ULTIMA  
20 N. ORANGE AVE.  
SUITE 1600  
ORLANDO, FL 32801 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: PALCESKI, KATHERINE K  
Address: 875 OUTER RD  
City-St-Zip: ORLANDO, FL 32814

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: DIMITRY PALCESKI

PRES

03/06/2011

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