2006 LIMITED LIABILITY COMPANY

SIGNATURE

SIGNATURE AND TYPED OR PRIM

Jul 31, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000118027 07-31-2006 90145 004 ****50.00 PODIATRIC DERMATOLOGICAL INSTRUMENTS, L.L.C. Principal Place of Business 20051140 Mailing Address 211 CEVALLOS STREET 211 CEVALLOS STREET PENSACOLA, FL 32502 PENSACOLA, FL 32502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4 FEI Number 20-4118822 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HECKEL, MELISSA Street Address (P.O. Box Number is Not Acceptable) 211 CEVALLOS STREET PENSACOLA, FL 32502 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change HACKEL, MELISSA NAME NAME STREET ADDRESS 211 CEVALLOS STREET STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32502 CITY-ST-7IP MGRM ☐ Delete TITLE TITLE ☐ Change ■ Addition BAKOTIC, SERLIN 211 CEVALLOS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

IE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED