2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000000736

Entity Name: VISAGE DERMATOLOGY LLC

Current Principal Place of Business:

5253 CENTRAL AVE
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

5253 CENTRAL AVE
SAINT PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 20-4041180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KONGSIRI, ALEXANDRIA S
5253 CENTRAL AVE
SAINT PETERSBURG, FL 33710 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: MGR ( ) Delete
Name: KONGSIRI, ALEXANDRIA S
Address: 3619 BAYSHORE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KONGSIRI, ALEXANDRIA S
Address: 5253 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710 US

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: ALEXANDRIA KONGSIRI MGR 04/24/2009

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