

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000011538

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** DERMATOLOGY PARTNERS OF SAINT PETERSBURG, LLC

**Current Principal Place of Business:**

501 MLK JR. STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

560 JACKSON STREET NORTH  
SUITE #304  
ST. PETERSBURG, FL 33705 US

**Current Mailing Address:**

501 MLK JR. STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

560 JACKSON STREET NORTH  
SUITE #304  
ST. PETERSBURG, FL 33705 US

FEI Number: 90-0492538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEHER, MARGARET A  
501 MLK JR. STREET SOUTH  
ST. PETERSBURG, FL 33705 US

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

KELLEHER, MARGARET A  
560 JACKSON STREET NORTH  
SUITE 304  
ST. PETERSBURG, FL 33705 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:

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KELLEHER, MARGARET A  
Address: 560 JACKSON STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705 US

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: MARGARET A. KELLEHER

CEO

03/09/2010

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