

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012875

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** ADVANCEMENTS IN DERMATOLOGY P.L.

**Current Principal Place of Business:**

10075 JOG RD  
SUITE 300  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

7730 BOYNTON BEACH BLVD  
SUITE 4  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

6086 NW 32ND CT  
BOCA RATON, FL 33496

**New Mailing Address:**

7730 BOYNTON BEACH BLVD  
SUITE 4  
BOYNTON BEACH, FL 33437

**FEI Number:** 20-4313037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOTTESFELD, ELLIS J  
6086 NW 32ND CT  
BOCA RATON, FL 33496 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: GOTTESFELD, ELLIS J MD  
Address: 6086 NW 32ND CT  
City-St-Zip: BOCA RATON, FL 33496 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: ELLIS GOTTESFELD

PRES

02/07/2012

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