

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027365

FILED
Jan 29, 2009
Secretary of State

Entity Name: FLORIDA DERMATOLOGY ASSOCIATES, L.L.C.

Current Principal Place of Business:

8787 BRYAN DAIRY RD., #360
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

8787 BRYAN DAIRY RD., #360
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-2949132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, STE 102
CLEARWATER, FL 33756 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: MGRM () Delete
Name: PIERCE, DOUGLAS K MD
Address: 8787 BRYAN DAIRY RD #360
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS K. PIERCE

DR.

01/29/2009

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