

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-21-2007 90161 038 ****50.00

DOCUMENT # L06000035702 1. Entity Name SKIN CARE PHYSICIANS, LLC					
Principal Place of Business 10301 HAGEN RANCH RD SUITE B740 BOYNTON BEACH FL 33437 US			Mailing Address 10301 HAGEN RANCH RD SUITE B740 BOYNTON BEACH FL 33437 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4640404	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVOURSNEY, JAMES 10301 HAGEN RANCH ROAD STE B740 BOYNTON BEACH FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DEVOURSNEY, JAMES 10301 HAGEN RANCH RD STE B740 BOYNTON BEACH FL 33437	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEINSTEIN, ANDREW 10301 HAGEN RANCH RD STE B740 BOYNTON BEACH FL 33437	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MURPHY, FRANK 10301 HAGEN RANCH RD STE B740 BOYNTON BEACH FL 33437	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ELGART, GEORGE 10301 HAGEN RANCH RD STE B740 BOYNTON BEACH FL 33437	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE 3/2/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					