

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035702

FILED
Apr 27, 2009
Secretary of State

Entity Name: SKIN CARE PHYSICIANS, LLC

Current Principal Place of Business:

10301 HAGEN RANCH RD
SUITE C130
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

10301 HAGEN RANCH RD
SUITE C130
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 20-4640404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVOURSNEY, JAMES
10301 HAGEN RANCH ROAD
STE C130
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

MAZER & ASSOCIATES LLC
7700 W CAMINO REAL
404
BOCA RATON, FL 33433 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: JON G MAZER

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVOURSNEY, JAMES
Address: 10301 HAGEN RANCH RD STE C130
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGR () Delete
Name: WEINSTEIN, ANDREW
Address: 10301 HAGEN RANCH RD STE C130
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGR (X) Delete
Name: ELGART, GEORGE
Address: 10301 HAGEN RANCH RD STE C130
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WEINSTEIN, ANDREW
Address: 10301 HAGEN RANCH RD STE C130
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: JAMES DEVOURSNEY

MGMR

04/27/2009

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