2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 22, 2007 8:00 am Secretary of State

DOCUMENT # L06000047845 1. Entity Name DERMATOLOGY DEVELOPMENT, LLC						01-22-2007	90150 03	32 ****50	.00
Principal Place 4475 US 1 S SUITE 504 ST. AUGUSTIN	Mailing Address 4475 US 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32	4475 US 1 SOUTH			60004553				
2. Principal Place of Business - No P.O. Box # 3. Mail		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007	Chg-LLC	CR2E0	083 (12/06)		
City & State		City & State		4. FEI Numb		70		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	d Address of New F	Registered /	Agent	
				Name					
ROBINS, ELIZABETH 4475 U.S. 1 SOUTH				Street Address	(P.O. Box Numb	per is Not Acceptabl	e)		
SUITE 504 ST. AUGU	STINE, FL 32086								
			City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	d Agent signature require	d when reinstation)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
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D:	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBEI		10.				ke check p a Departm	ent of State	•
9.	ue by May 1, 2007	RS/MANAGERS			•	Florid	ke check p a Departm	ent of State	Addition
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9.	ue by May 1, 2007 MANAGING MEMBEI MGRM	RS/MANAGERS	10. TITLE			Florid	ke check p a Departm	ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

æ SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #