

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2007 90150 032 ****50.00

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DOCUMENT # L06000047845 1. Entity Name DERMATOLOGY DEVELOPMENT, LLC					
Principal Place of Business 4475 US 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086			Mailing Address 4475 US 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROBINS, ELIZABETH 4475 U.S. 1 SOUTH SUITE 504 ST. AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	ROBINS, PERRY		NAME		
STREET ADDRESS	330 EAST 38TH STREET, STE 41N		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10016		CITY-ST-ZIP		
TITLE	MGR		TITLE		
NAME	SOWYRDA, PAUL		NAME		
STREET ADDRESS	2 TUBWRECK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MEDFIELD, MA 02052		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE:			1/17/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		