2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 06, 2008
Secretary of State

DOCUMENT# L06000047845

Entity Name: DERMATOLOGY DEVELOPMENT, LLC

Current Principal Place of Business:

4475 US 1 SOUTH
SUITE 504
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4475 US 1 SOUTH
SUITE 504
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-4896570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINS, ELIZABETH
4475 U.S. 1 SOUTH
SUITE 504
ST. AUGUSTINE, FL 32086 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: ELIZABETH ROBINS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBINS, PERRY
Address: 330 EAST 38TH STREET, STE 41N
City-St-Zip: NEW YORK, NY 10016

Title: MGR ( ) Delete
Name: SOWYRDA, PAUL
Address: 2 TUBWRECK DRIVE
City-St-Zip: MEDFIELD, MA 02052

ADDITIONS/CHANGES:

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

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: PERRY ROBINS MGRM 11/06/2008

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