

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047845

FILED  
Feb 06, 2009  
Secretary of State

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 ( )

**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:

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

02/06/2009

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