

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088991

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** SOUTHERNMOST DERMATOLOGY, LLC

**Current Principal Place of Business:**

1411 WHITE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1411 WHITE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 20-5524492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMAN, MICHAEL  
1411 WHITE STREET  
KEY WEST, FL 33040 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  
Name: BERMAN, MICHAEL  
Address: 1411 WHITE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM  
Name: DAVIS, WENDY S  
Address: 71 STIRLING PLACE  
City-St-Zip: BURLINGTON, VT 05408

I hereby 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: MICHAEL BERMAN

PRES

02/17/2010

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