

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90028 006 ***143.75

DOCUMENT # L06000101702

1. Entity Name
SETH B. FORMAN, MD, P.L.



Principal Place of Business
**3622 MADACA LANE
TAMPA, FL 33618**

Mailing Address
**3622 MADACA LANE
TAMPA, FL 33618**

50009420



08052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2116694

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, SETH B
3622 MADACA LANE
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FORMAN, SETH B
3622 MADACA LANE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Seth B. Forman MD

8/6/08

813-9602400

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

Date

Daytime Phone #

SETH B. FORMAN, M.D.

DERMATOLOGIST
BOARD CERTIFIED

ATTACHMENT

50009420

3622 MADACA LANE
TAMPA, FL 33618

PHONE: 813-960-2400
FAX: 813-960-2410
FORMANDERMATOLOGY.COM

August 6, 2008

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Document # L06000101702
Seth B. Forman MD, P.L.

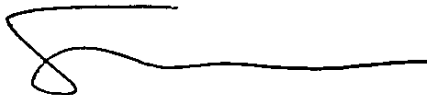
To whom it may concern:

I am requesting you please forgive my penalty of \$400.00. We just opened our business at the later part of 2007 and I assumed this was paid for a full year. Secondly, I don't ever remember getting the first card stating this was due. This will not happen again. I am truly sorry it is late and got to this point.

I am enclosing the normal payment and await you assistance in resolving this urgent matter. I am enclosing the original payment of \$138.75 plus \$5.00 for a copy of the certificate status for a total of \$143.75.

As always, thank you in advance. Should you have any additional questions of concerns please call my office at the above documented telephone number, and speak to my office manager, Helen Quinn.

Thank you,



Seth B Forman, MD