

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033900

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED DERMATOLOGY OF WEST BROWARD, LLC

**Current Principal Place of Business:**

3444 N UNIVERSITY DR  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

902 CLINT MOORE RD  
SUITE 226  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 68-0647586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PBC DERM LLC  
902 CLINT MOORE RD  
# 226  
BOCA RATON, FL 33487 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: PBC DERM LLC  
Address: 902 CLINT MOORE RD # 226  
City-St-Zip: BOCA RATON, FL 33487

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: PBC DERM LLC

MGRM

02/10/2012

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