

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072508

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** SURGICAL SKIN SPECIALISTS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

C/O 7000 WEST PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7000 WEST PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 26-0971491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, STUART R ESQ.  
7000 WEST PALMETTO PARK ROAD  
SUITE 205  
BOCA RATON, FL 33433 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: MR  
Name: CABRERA, RAFAEL C  
Address: 951 N.W. 13TH STREET #4-A  
City-St-Zip: BOCA RATON, FL 33486 US

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: RAFAEL C. CABRERA

PRES

02/03/2010

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