

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000115369

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SEBASTIAN DERMATOLOGY, L.L.C.

**Current Principal Place of Business:**

140 S.W. CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

140 S.W. CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 26-1655123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IOANNIDES, TIM  
140 SOUTHWEST CHAMBER COURT  
SUITE 200  
PORT ST. LUCIE, FL 34986 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: MGR  
Name: IOANNIDES, TIM M.D.  
Address: 140 S.W. CHAMBER COURT, SUITE 200  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR  
Name: SANDERS, JONATHAN  
Address: 140 SW CHAMBER COURT SUITE 200  
City-St-Zip: PORT ST LUCIE, FL 34986

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: TIM IOANNIDES

MGR

04/11/2012

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