

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118096

FILED
Mar 30, 2008
Secretary of State

Entity Name: DERMATOLOGY SOLUTIONS, A PROFESSIONAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4635 S. DEL PRADO BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

14361 METROPOLIS AVE
FORT MYERS, FL 33912

Current Mailing Address:

4635 S. DEL PRADO BLVD
CAPE CORAL, FL 33904

New Mailing Address:

PO BOX 62115
FORT MYERS, FL 33906

FEI Number: 26-1465403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENNARO, MICHAEL A
4635 S. DEL PRADO BLVD
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DESMOND, DEBRA MD
16361 METROPOLIS AVE
FORT MYERS, FL 33912 US

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: DEBRA D F DESMOND, MD

03/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DESMOND, DEBRA
Address: 4635 S. DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DESMOND, DEBRA
Address: PO BOX 61036
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM () Change (X) Addition
Name: DESMOND, LAEL
Address: PO BOX 61036
City-St-Zip: FORT MYERS, FL 33906

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DEBRA D F DESMOND

MGR

03/30/2008

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