

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125592

FILED
Feb 13, 2009
Secretary of State

Entity Name: ESTHETIC DERMATOLOGY, LLC

Current Principal Place of Business:

877 BAY ESPLANADE
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

877 BAY ESPLANADE
CLEARWATER BEACH, FL 33767

New Mailing Address:

P.O. BOX 3425
CLEARWATER BEACH, FL 33767

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MITCHELL MD
877 BAY ESPLANADE
CLEARWATER BEACH, FL 33767 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 () Delete
Name: SCHWARTZ, MITCHELL MD
Address: 877 BAY ESPLANADE
City-St-Zip: CLEARWATER BEACH, FL 33767

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHWARTZ, MITCHELL MD
Address: P.O. BOX 3425
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: MGR () Change (X) Addition
Name: SCHWARTZ, MITCHELL MD
Address: 20 HALL ROAD
City-St-Zip: SOUTH HERO, VT 05486

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: MITCHELL SCHWARTZ, MD

MGR

02/13/2009

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