

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014901

Entity Name: DERMATOLOGY FIRST, LLC

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1936 DAIRY ROAD  
W MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1936 DAIRY ROAD  
W MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KANJ-JAMALEDDINE, LINA F  
1936 DAIRY ROAD  
W MELBOURNE, FL 32904 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: KANJ-JAMALEDDINE, LINA F  
Address: 1936 DAIRY ROAD  
City-St-Zip: W MELBOURNE, FL 32904 US

Title: MGR  
Name: JAMALEDDINE, NAZIH  
Address: 1936 DAIRY ROAD  
City-St-Zip: W MELBOURNE, FL 32904 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: NAZIH JAMALEDDINE

MGR

02/07/2012

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