

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022020

FILED
Mar 02, 2009
Secretary of State

Entity Name: DERROW DERMATOLOGY ASSOCIATES LLC.

Current Principal Place of Business:

% AM&E SERVICES LLC
605 E. ROBINSON STREET, STE. 730
ORLANDO, FL 32801

New Principal Place of Business:

800 N. MAITLAND AVE.
SUITE 202
MAITLAND, FL 32751

Current Mailing Address:

% AM&E SERVICES LLC
605 E. ROBINSON STREET, STE. 730
ORLANDO, FL 32801

New Mailing Address:

800 N. MAITLAND AVE.
SUITE 202
MAITLAND, FL 32751

FEI Number: 80-0166709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES, LLC
605 E. ROBINSON STREET, STE. 730
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DERROW, AMY E DR.
Address: 800 N. MAITLAND AVE., SUITE 202
City-St-Zip: MAITLAND, FL 32751

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: AMY E. DERROW, M.D.

MGR

03/02/2009

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