

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022020

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** DERROW DERMATOLOGY ASSOCIATES LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

MEIER, GREGORY W  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE #1700  
ORLANDO, FL 32801 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: GREGORY W. MEIER

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DERROW, AMY E M.D.  
Address: 800 N. MAITLAND AVE., SUITE 202  
City-St-Zip: MAITLAND, FL 32751

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: AMY E. DERROW

MGR

03/10/2011

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