2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# L08000022075

Entity Name: PURE SKIN DERMATOLOGY, LLC

Current Principal Place of Business:

4779 COLLINS AVE. #2201
MIAMI BEACH, FL 33140

New Principal Place of Business:

4779 COLLINS AVE.
#2201
MIAMI BEACH, FL 33140

Current Mailing Address:

4779 COLLINS AVE. #2201
MIAMI BEACH, FL 33140

New Mailing Address:

4779 COLLINS AVE.
#2201
MIAMI BEACH, FL 33140

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCAS, CHERE MD
4779 COLLINS AVE. #2201
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

LUCAS, CHERE MD
4779 COLLINS AVE.
#2201
MIAMI BEACH, FL 33140 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: _____ 08/31/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRAYMAN, DEBREA
Address: 7955 S.W. 195TH STREET
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete
Name: LUCAS, CHERE
Address: 4779 COLLINS AVE. #2201
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHERE LUCAS MGRM 08/31/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date