

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027158

FILED
Apr 29, 2009
Secretary of State

Entity Name: INTEGRATED DERMATOLOGY OF POMPANO BEACH LLC

Current Principal Place of Business:

3500 N.E. 5TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY
SUITE 115
BOCA RATON, FL 33487

New Mailing Address:

3500 N.E. 5TH AVENUE
POMPANO BEACH, FL 33064

FEI Number: 74-3254335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKER, MELANIE
3500 N.E. 5TH AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

HECKER, MELANIE S MD
3500 N.E. 5TH AVENUE
POMPANO BEACH, FL 33064 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: MELANIE S HECKER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HECKER, MELANIE
Address: 3500 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HECKER, MELANIE S MD
Address: 3500 NE 5TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

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: MELANIE S HECKER MD

MGRM

04/29/2009

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