

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035740

FILED
Jan 20, 2009
Secretary of State

Entity Name: JAFFE DERMIRAD HOLDINGS, L.L.C.

Current Principal Place of Business:

C/O NAPLES CENTER FOR DERMATOLOGY
1015 CROSSPOINTE DRIVE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O NAPLES CENTER FOR DERMATOLOGY
1015 CROSSPOINTE DRIVE
NAPLES, FL 34110

New Mailing Address:

C/O NAPLES CENTER FOR DERMATOLOGY
PO BOX 111389
NAPLES, FL 34108

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFE, ANDREW T M.D.
C/O NAPLES CENTER FOR DERMATOLOGY
1015 CROSSPOINTE DRIVE
NAPLES, FL 34110 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: PRES () Change (X) Addition
Name: JAFFE, ANDREW T MD
Address: 1015 CROSSPOINTE DRIVE
City-St-Zip: NAPLES, FL 34110

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: LINDA RAJCOK

MGR

01/20/2009

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