

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069710

FILED
Mar 05, 2010
Secretary of State

Entity Name: GULF COAST DERMATOLOGY MEDICAL SPA, LLC

Current Principal Place of Business:

2420 JENKS AVE SUITE C1
PANAMA CITY, FL 32405

New Principal Place of Business:

2505 HARRISON AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

2420 JENKS AVE SUITE C1
PANAMA CITY, FL 32405

New Mailing Address:

2505 HARRISON AVENUE
PANAMA CITY, FL 32405

FEI Number: 20-4857035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, JON R
2420 JENKS AVE SUITE C1
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

WARD, JON R
2505 HARRISON AVENUE
PANAMA CITY, FL 32405 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: JON R. WARD, MD

03/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WARD, JON R
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR
Name: STICKLER, MICHAEL A
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR
Name: ROSS, HANNAH S
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGR
Name: VAZANA, CARI A
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405 US

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: JON R. WARD, MD

MGR

03/05/2010

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