

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083452

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** MARTIN DERMATOLOGY, PL

**Current Principal Place of Business:**

951 BRICKELL AVE  
APT 1707  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

951 BRICKELL AVE  
APT 1707  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 27-0919859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIMITED AGENT SERVICES, LLC  
150 SE 2ND AVE  
SUITE 901  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MARTIN, LUCY K  
951 BRICKELL AVE  
APT 1707  
MIAMI, FL 33131 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: LUCY K. MARTIN

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTIN, LUCY K  
Address: 951 BRICKELL AVE APT 1707  
City-St-Zip: MIAMI, FL 33131 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: LUCY K. MARTIN

MGR

04/22/2011

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