

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000096855

FILED
Feb 14, 2010
Secretary of State

Entity Name: FAMILY DERMATOLOGY, PL

Current Principal Place of Business:

929 S. TRAIL #204
OSPREY, FL 34229

New Principal Place of Business:

929 S TAMIAMI TRAIL
SUITE 204
OSPREY, FL 34229

Current Mailing Address:

5525 EASTWIND DRIVE
SARASOTA, FL 34233

New Mailing Address:

929 S TAMIAMI TRAIL
SUITE 204
OSPREY, FL 34229

FEI Number: 27-1086236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: DR
Name: GRUMAN, ALLA
Address: 929 S TAMIAMI TRAIL, SUITE 204
City-St-Zip: OSPREY, FL 34229 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: ALLA GRUMAN

DR

02/14/2010

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