

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000098882

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL DERMATOLOGY HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

5807 GALLEON WAY  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1309  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: ALAN S. GASSMAN, ESQ.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NORMAN, ROBERT  
Address: 5807 GALLEON WAY  
City-St-Zip: TAMPA, FL 33615

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: ROBERT NORMAN

MGR

09/29/2010

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