2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2011
Secretary of State

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

Current Principal Place of Business:

5807 GALLEON WAY
TAMPA, FL 33615

New Principal Place of Business:

8002 GUNN HWY
TAMPA, FL 33626

Current Mailing Address:

P.O. BOX 1309
OLDSMAR, FL 34677

New Mailing Address:

8002 GUNN HWY
TAMPA, FL 33626

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NORMAN, ROBERT
Address: 8002 GUNN HWY
City-St-Zip: TAMPA, FL 33626

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 Statues.

SIGNATURE: ROBERT A NORMAN MGR 05/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date