

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041056

FILED
Jan 12, 2011
Secretary of State

Entity Name: GULF COAST DERMATOLOGY HISTOLOGY LAB, LLC

Current Principal Place of Business:

2505 HARRISON AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2505 HARRISON AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 27-2823945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

MGR

01/12/2011

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