




# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90070 015 \*\*\*\*50.00

<b>DOCUMENT # L99000001441</b>					
1. Entity Name <b>DERMATOLOGIC AND COSMETIC SURGERY CENTER, LC</b>					
Principal Place of Business <b>2666 SWAMP CABBAGE COURT FORT MYERS FL 33901</b>			Mailing Address <b>2666 SWAMP CABBAGE COURT FORT MYERS FL 33901</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>765-6808826</b> <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>24059436</b>  <b>MOORE CR2E083 (11/03)</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EBY, CHARLES S</b> <b>2666 SWAMP CABBAGE COURT</b> <b>FORT MYERS FL 33901</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EBY, CHARLES S</b>		NAME		
STREET ADDRESS	<b>2666 SWAMP CABBAGE COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b>  <b>Charles S. Eby MD</b> <b>1/26/04</b> <b>239-934145</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					