

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90139 001 \*\*\*100.00

DOCUMENT # L99000001441

1. Entity Name

DERMATOLOGIC AND COSMETIC SURGERY CENTER, LC



Principal Place of Business

2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

Mailing Address

2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0895260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBY, CHARLES S  
2666 SWAMP CABBAGE COURT  
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: EBY, CHARLES S  
STREET ADDRESS: 2666 SWAMP CABBAGE COURT  
CITY- ST- ZIP: FORT MYERS FL 33901

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
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CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/07

239-9361145

Daytime Phone #