

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005668

Entity Name: DERMAWORLD, L.L.C.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

1100 S.W. ST. LUCIE WEST #105
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1100 S.W. ST. LUCIE WEST #105
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 95-0957732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IOANNIDES, TIM M.D.
1100 S.W. ST. LUCIE WEST #105
PORT ST. LUCIE, FL 34986 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/MEMBERS:

Title: MGR () Delete
Name: IOANNIDES, TIM M.D.
Address: 1100 S.W. ST. LUCIE WEST #105
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR () Delete
Name: RIVERA, EDWIN
Address: 1100 S.W. ST. LUCIE WEST #105
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: TIM IOANNIDES M.D.

MGR

04/18/2005

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