

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004880

Entity Name: DIVINE DERMATOLOGY, PLLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

6776 CANDLEWOOD TRAIL
W. BLOOMFIELD, MI 48322

New Principal Place of Business:

4800 4TH STREET N
ST PETERSBURG, FL 33703

Current Mailing Address:

6776 CANDLEWOOD TRAIL
W. BLOOMFIELD, MI 48322

New Mailing Address:

154 COQUINA BAY DR
ST PETERSBURG, FL 33705

FEI Number: 71-0955196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTING & TAX MANAGEMENT, INC.
253 COREY AVE
ST. PETE BEACH, FL US

Name and Address of New Registered Agent:

SIMS, CAROL MD
4800 4TH STREET N
ST PETERSBURG, FL 33703 US

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: CAROL SIMS

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMS, CAROL
Address: 6776 CANDLEWOOD TRAIL
City-St-Zip: W. BLOOMFIELD, MI 48322

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMS, CAROL
Address: 4800 4TH STREET
City-St-Zip: ST PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CAROL SIMS

MD

04/09/2007

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