

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000107

FILED
Jan 08, 2008
Secretary of State

Entity Name: PARKS DERMATOLOGY CENTER, LLC

Current Principal Place of Business:

400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3449961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, JEFFREY D M.D.
400 LAKEBRIDGE PLAZA
ORMOND BEACH, FL 32174 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: MGRM () Delete
Name: PARKS, JEFFREY D
Address: 410 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: SUAHL, MICHAEL
Address: 31 W. JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SUAHL, MICHAEL
Address: 3100 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify 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: JODI ROOS

MRS

01/08/2008

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