

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000777

FILED  
May 07, 2008  
Secretary of State

**Entity Name:** WEST COAST DERMATOLOGY BILLERS, LLC

**Current Principal Place of Business:**

101 E. REDLANDS BLVD  
SUITE 206  
REDLAND, CA 92373

**New Principal Place of Business:**

319 E. STUART AVENUE  
REDLANDS, CA 92374

**Current Mailing Address:**

125 OXFORD ROAD  
CASSELBERRY, FL 32730

**New Mailing Address:**

FEI Number: 59-3479734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ELLZEY, INGEBORG C  
1340 GROVE TERRACE  
WINTER PARK, FL 32789      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: CEO ( ) Delete  
Name: ELLZEY, INGEBORG C  
Address: 125 OXFORD ROAD  
City-St-Zip: CASSELBERRY, FL 32730

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

Title: MGR ( ) Delete  
Name: KANAVAS, RISA  
Address: 506 SAN JACINTO STREET  
City-St-Zip: REDLANDS, CA 92373

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

Title: MGR ( ) Delete  
Name: ETEM, ERGEAN  
Address: 1340 GROVE TERRACE  
City-St-Zip: WINTER PARK, FL 32789

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

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: INGEBORG C. ELLZEY

CEO

05/07/2008

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