

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000777

FILED
Mar 23, 2009
Secretary of State

Entity Name: WEST COAST DERMATOLOGY BILLERS, LLC

Current Principal Place of Business:

319 E. STUART AVENUE
REDLANDS, CA 92374

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

ELLZEY, INGEBORG C
1340 GROVE TERRACE
WINTER PARK, FL 32789 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: CEO () Delete
Name: ELLZEY, INGEBORG C
Address: 125 OXFORD ROAD
City-St-Zip: CASSELBERRY, FL 32730

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

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

ADDITIONS/CHANGES:

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

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 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

03/23/2009

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