

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022075

**Entity Name:** PURE SKIN DERMATOLOGY, LLC

**Current Principal Place of Business:**

7932 WEST SAND LAKE ROAD  
SUITE 206  
ORLANDO, FL 32819

**Current Mailing Address:**

7932 WEST SAND LAKE ROAD  
SUITE 206  
ORLANDO, FL 32819 US

**FEI Number:** 45-4667817

**Certificate of Status Desired:** No

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

GRAYMAN, DEBRA L MD  
8449 SAND LAKE SHORES COURT  
ORLANDO, FL 32836 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:** DEBRA L GRAYMAN

01/14/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GRAYMAN, DEBRA MD  
Address 8449 SAND LAKE SHORES COURT  
City-State-Zip: ORLANDO FL 32836

Title D  
Name LAING, JANETT  
Address 9959 SW 146 PLACE  
City-State-Zip: MIAMI FL 33186

Title D  
Name GRAYMAN, TIMOTHY  
Address 8449 SAND LAKE SHORES CT  
City-State-Zip: ORLANDO FL 32836

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA L GRAYMAN

MEDICAL DIRECTOR

01/14/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date