

2014 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

01/24/2014

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA GRAYMAN

MGRM

01/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date