

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000036067

**Entity Name:** SKIN ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

4425 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4425 PONCE DE LEON BLVD.  
SUITE 200  
CORAL GABLES, FL 33146

**FEI Number:** 47-3798411

**Certificate of Status Desired:** Yes

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

STEARNS WEAVER MILLER WEISSLER, ET. AL  
C/O RICHARD E. SCHATZ, ESQUIRE  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 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

**Officer/Director Detail :**

Title           OFFICER, DIRECTOR  
Name           KAUFMAN JANETTE, JOELY DR.  
Address        4425 PONCE DE LEON BLVD.  
                  SUITE 200  
City-State-Zip: CORAL GABLES FL 33146

Title           VP  
Name           GREEN, JEREMY  
Address        4425 PONCE DE LEON BLVD.  
                  SUITE 200  
City-State-Zip: CORAL GABLES FL 33146

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOELY KAUFMAN JANETTE

**OFFICER DIRECTOR**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date