

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013178

Entity Name: AMERICAN MOBILE DERMATOLOGY, LLC

Current Principal Place of Business:

1054 GATEWAY BLVD.
SUITE 110
BOYNTON BEACH, FL 33426

Current Mailing Address:

1054 GATEWAY BLVD
SUITE 110
BOYNTON BEACH, FL 33426 US

FEI Number: 90-0067619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHARREY, JENNIFER
1054 GATEWAY BLVD.
SUITE 110
BOYNTON BEACH, FL 33426 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

Authorized Person(s) Detail :

Title MGRM
Name MAHARREY, JENNIFER
Address 1054 GATEWAY BLVD
STE 110
City-State-Zip: BOYNTON BEACH FL 33426

Title MGRM
Name DEVOURSNEY, JAMES
Address 1054 GATEWAY BLVD
STE 110
City-State-Zip: BOYNTON BEACH FL 33426

Title ADMINISTRATOR
Name KESSLER, LISA
Address 1054 GATEWAY BLVD
SUITE 110
City-State-Zip: BOYNTON BEACH FL 33426

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: LISA KESSLER

ADMINISTRATOR

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date