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.

MANAGER

SIGNATURE: RICARDO ROMAGOSA

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

| Title | MGRM | Title | MGRM |
|-----------------|-------------------------|-----------------|--------------------|
| Name | ROMAGOSA, RICARDO A DR. | Name | BARRON, GREG |
| Address | 2683 NW S SHORE RD | Address | 2220 SE OCEAN BLVD |
| City-State-Zip: | STUART FL 34994 | | SUITE 301 |
| | | City-State-Zip: | STUART FL 34996 |

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: CARLOS ZUMPANO

Current Principal Place of Business:

2220 SE OCEAN BLVD., #301 301 STUART, FL 34996

Current Mailing Address:

2220 SE OCEAN BLVD., #301 301 STUART, FL 34996

ZUMPANO CASTRO, LLC 500 SOUTH DIXIE HWY, STE 302

CORAL GABLES, FL 33146 US

FEI Number: 20-3110016

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L05000066684

Entity Name: ROMAGOSA DERMATOLOGY GROUP, LLC

FILED Jan 08, 2020 Secretary of State 0295931065CC

01/08/2020 Date

Certificate of Status Desired: No

01/08/2020