

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066684

**Entity Name:** ROMAGOSA DERMATOLOGY GROUP, LLC

**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

**FEI Number:** 20-3110016

**Certificate of Status Desired:** No

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

INFANTE, ZUMPANO, HUDSON & MILOCH, LLC  
500 SOUTH DIXIE HWY, STE 302  
CORAL GABLES, FL 33146 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 ROMAGOSA, RICARDO AM.D.  
Address 116 SOUTH SHORE ROAD  
City-State-Zip: STUART FL 34994

*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:** RICARDO A ROMAGOSA MD

**MANAGING MEMBER**

**01/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date