#### 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.

MGRM

SIGNATURE: RICARDO ROMAGOSA MD

Electronic Signature of Signing Authorized Person(s) Detail

301 STUART, FL 34996

# **Current Mailing Address:**

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

# FEI Number: 20-3110016

### Name and Address of Current Registered Agent:

ZUMPANO CASTRO, 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	CARLOS ZUMPANO			01/06/2018
	Electronic Signature of Registered Agent			Date
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	

### Certificate of Status Desired: No

01/06/2018 Date

# FILED Jan 06, 2018 Secretary of State CC2704098429

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066684

Entity Name: ROMAGOSA DERMATOLOGY GROUP, LLC

**Current Principal Place of Business:** 

2220 SE OCEAN BLVD., #301