

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000005306

**Entity Name:** SANDERS DERMATOLOGY AND SKIN CANCER CENTER, LLC

**Current Principal Place of Business:**

1155 35TH LN  
STE 202  
VERO BEACH, FL 32960

**Current Mailing Address:**

1155 35TH LN  
STE 202  
VERO BEACH, FL 32960 US

**FEI Number:** 38-3864283

**Certificate of Status Desired:** No

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

SANDERS, NIKI  
2839 ST BARTS SQUARE  
VERO BEACH, FL 32967 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 JONATHAN SANDERS, M.D. P.A.  
Address 1155 35TH LN - STE 202  
City-State-Zip: VERO BEACH FL 32960

*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:** JONATHAN SANDERS

**MANAGING MEMBER**

**01/21/2016**

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

\_\_\_\_\_  
Date