#### 2017 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

# 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

### Authorized Person(s) Detail :

Title MGRM JONATHAN SANDERS, M.D. P.A. Name 1155 35TH LN - STE 202 Address 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

02/02/2017

Date

Certificate of Status Desired: No

Date

# FILED Feb 02, 2017 Secretary of State CC8249177251

Electronic Signature of Signing Authorized Person(s) Detail