

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000018395

Entity Name: MOSKOWITZ DERMATOLOGY, M.D., P.L.L.C.

Current Principal Place of Business:

1000 WEST BROADWAY STREET, SUITE 206
OVIEDO, FL 32765

Current Mailing Address:

1000 WEST BROADWAY STREET, SUITE 206
OVIEDO, FL 32765 US

FEI Number: 81-1011375

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSKOWITZ, JEFFREY G
1000 WEST BROADWAY STREET, SUITE 206
OVIEDO, FL 32765 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	MD	Title	PMGR
Name	MOSKOWITZ, JEFFREY G	Name	BAUMANN, ANITA
Address	1000 WEST BROADWAY STREET, SUITE 206	Address	1000 WEST BROADWAY STREET, SUITE 206
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

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: ANITA BAUMANN

PRACTICE MANAGER

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date