

**2018 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: Yes**

**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,<br>SUITE 206 | Address         | 1000 WEST BROADWAY STREET,<br>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**

**02/06/2018**

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

\_\_\_\_\_  
Date