

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072795

**Entity Name:** DERMATOLOGY RCM, LLC

**Current Principal Place of Business:**

1631 PALM AVE.  
WINTERPARK, FL 32789

**Current Mailing Address:**

1631 PALM AVE.  
WINTERPARK, FL 32789 US

**FEI Number: 81-2328203**

**Certificate of Status Desired: No**

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

GFPAC SERVICES, LLC  
5551 RIDGEWOOD DR.  
STE. 501  
NAPLES, FL 34108 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 MGR  
Name DE LA ROSA, MANUEL  
Address 1631 PALM AVE.  
City-State-Zip: WINTERPARK FL 32789

*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: MANUEL DELAROSA**

**MANAGER**

**04/05/2017**

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

\_\_\_\_\_  
Date