

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000013158

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** DERMATOLOGY HEALTHCARE, L.L.C.

**Current Principal Place of Business:**

8002 GUNN HWY  
TAMPA, FL 33626

**New Principal Place of Business:**

8002 GUNN HWY  
TAMPA, FL 33626 UN

**Current Mailing Address:**

8002 GUNN HWY  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 59-3679124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQUIRE  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756 US

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

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:** CAROL NORMAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** NORMAN, ROBERT A D.O.  
**Address:** 8002 GUNN HWY  
**City-St-Zip:** TAMPA, FL 33626

**Title:** MGRM  
**Name:** NORMAN, CAROL  
**Address:** 8002 GUNN HWY  
**City-St-Zip:** TAMPA, FL 33626

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** CAROL NORMAN

MGRM

10/06/2014

Electronic Signature of Authorized Person

Date