

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013158

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

Current Principal Place of Business:

8002 GUNN HWY
TAMPA, FL 33626

Current Mailing Address:

8002 GUNN HWY
TAMPA, FL 33626

FEI Number: 59-3679124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN SESQUIRE
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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 NORMAN, ROBERT AD.O.
Address 8002 GUNN HWY
City-State-Zip: TAMPA FL 33626

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

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: CAROL NORMAN

MGMR

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date