

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013178

Entity Name: AMERICAN MOBILE DERMATOLOGY, LLC

Current Principal Place of Business:

1054 GATEWAY BLVD.
SUITE 106
BOYNTON BEACH, FL 33426

Current Mailing Address:

1054 GATEWAY BLVD.
SUITE 106
BOYNTON BEACH, FL 33426 US

FEI Number: 90-0067619

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SNYDER, SHAWN C
7931 ORANGE DRIVE
DAVIE, FL 33328 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: SHAWN C. SNYDER

04/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DEVOURSNEY, JAMES
Address 1054 GATEWAY BLVD.
 SUITE 106
City-State-Zip: BOYNTON BEACH FL 33426

Title MANAGER
Name SNYDER, CHELLINE M
Address 1054 GATEWAY BLVD.
 SUITE 106
City-State-Zip: BOYNTON BEACH FL 33426

Title AUTHORIZED REPRESENTATIVE
Name KESSLER, LISA
Address 1054 GATEWAY BLVD.
 SUITE 106
City-State-Zip: BOYNTON BEACH FL 33426

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: CHELLINE M. SNYDER

MANAGER

04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date