

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000013178

**Entity Name:** AMERICAN MOBILE DERMATOLOGY, LLC

**Current Principal Place of Business:**

1054 GATEWAY BLVD.  
SUITE 110  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1054 GATEWAY BLVD.  
SUITE 110  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 90-0067619

**Certificate of Status Desired:** No

**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

10/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name DEVOURSNEY, JAMES  
Address 1054 GATEWAY BLVD  
STE 110  
City-State-Zip: BOYNTON BEACH FL 33426

Title MANAGER  
Name SNYDER, CHELLINE M  
Address 1054 GATEWAY BLVD  
SUITE 110  
City-State-Zip: BOYNTON BEACH FL 33426

Title ADMINISTRATOR  
Name KESSLER, LISA  
Address 1054 GATEWAY BLVD  
SUITE 110  
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

10/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date