

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000053242

**Entity Name:** SOUTH BEACH DERMATOLOGY, PLC

**Current Principal Place of Business:**

555 WASHINGTON AVENUE  
SUITE 210  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1000 S.POINTE DR  
#1404  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MANDY, STEPHEN HOWARD DR.  
STEPHEN MANDY MD  
1000 SOUTHPOINTE DR 1404  
MIAMI BEACH, FL 33139 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:** STEPHEN MANDY MD

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MANDY, STEPHEN H DR.  
Address 1000 SOUTH POINTE DRIVE, SUITE  
1404  
City-State-Zip: MIAMI BEACH FL 33139

*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:** STEPHEN MANDY

MGR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date