

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023836

**Entity Name:** GAINESVILLE DERMATOLOGY HOLDINGS, L.L.C.

**Current Principal Place of Business:**

114 NW 76TH DRIVE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

114 NW 76TH DRIVE  
GAINESVILLE, FL 32607

**FEI Number:** 20-1634594

**Certificate of Status Desired:** No

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

AULISIO, ANTHONY LM.D.  
114 NW 76TH DRIVE  
GAINESVILLE, FL 32607 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 MGRM  
Name AULISIO, ANTHONY MD  
Address 114 NW 76TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title MGRM  
Name WHITMER, KEITH MD  
Address 114 NW 76TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

Title MGRM  
Name WHITMER, MIRANDA MD  
Address 114 NW 76TH DRIVE  
City-State-Zip: GAINESVILLE FL 32607

*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:** ANTHONY AULISIO

MGRM

01/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date