

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000103142

**Entity Name:** DERMATOLOGY OF CENTURY VILLAGE WPB LLC

**Current Principal Place of Business:**

1840 FOREST HILL BLVD  
#102A  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

4700 EXCHANGE CT.  
110  
BOCA RATON, FL 33431 US

**FEI Number:** 14-1981960

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

01/08/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name INTEGRATED DERMATOLOGY  
MANAGEMENT, LLC  
Address 4700 EXCHANGE CT.  
110  
City-State-Zip: BOCA RATON FL 33431

*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:** INTEGRATED DERMATOLOGY MANAGEMENT, LLC MANAGER

01/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date