#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106156

Entity Name: FLORIDA DERMATOLOGY SPECIALISTS, LLC

**FILED** Feb 12, 2016 **Secretary of State** CC4427542707

### **Current Principal Place of Business:**

600 VILAGE SQUARE CROSSING

101

PALM BEACH GARDENS, FL 33410

## **Current Mailing Address:**

600 VILAGE SQUARE CROSSING

PALM BEACH GARDENS, FL 33410 US

FEI Number: 26-2603350 Certificate of Status Desired: No

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

LAWRENCE S. KLITZMAN, P.A. 1391 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 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** Title **MGR** 

T & R ASSOCIATES, LLC SCHIFF, THEODORE A Name Name

600 VILLAGE SQUARE CROSSING Address 600 VILLAGE SQUARE CROSSING Address

PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip: PALM BEACH GARDENS FL 33410

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: THEODORE SCHIFF

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

02/12/2016