

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118096

Entity Name: DERMATOLOGY SOLUTIONS, A PROFESSIONAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

14071 METROPOLIS AVE
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 62115
FORT MYERS, FL 33906 US

FEI Number: 26-1465403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESMOND, LAEL
14071 METROPOLIS AVE
FORT MYERS, FL 33912 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	MANAGER	Title	MANAGER
Name	DESMOND, LAEL	Name	FETT DESMOND, DEBRA
Address	PO BOX 62115	Address	PO BOX 62115
City-State-Zip:	FORT MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906

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: LAEL DESMOND

MGRM

02/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date