2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000111396

Entity Name: ASSOCIATES IN DERMATOLOGY, M.D.'S, P.L.

FILED Feb 08, 2023 Secretary of State 1529344466CC

Current Principal Place of Business:

8381 RIVERWALK PARK BLVD. SUITE 101

FT. MYERS, FL 33919

Current Mailing Address:

8381 RIVERWALK PARK BLVD. SUITE 101 FT. MYERS. FL 33919

FEI Number: 59-1690361 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SKINNER, SHARI LM.D. 8381 RIVERWALK PARK BLVD. SUITE 101 FT. MYERS, FL 33919 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

City-State-Zip:

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name SKINNER, SHARI L M.D. Name SCHWARTZ, STANLEY V M.D.

Address 8381 RIVERWALK PARK BLVD. SUITE Address 8381 RIVERWALK PARK BLVD. SUITE

City-State-Zip: FT. MYERS FL 33919 City-State-Zip: FT. MYERS FL 33919

Title MGRM Title MGRM

Name MANUELIDIS, LAERTES A M.D. Name BENBENISTY, KEITH M M.D.

Address 8381 RIVERWALK PARK BLVD. SUITE Address 8381 RIVERWALK PARK BLVD. SUITE

Title MGRM

City-State-Zip:

Name CRATER, SCOTT E M.D.

Address 8381 RIVERWALK PARK BLVD. SUITE

FT. MYERS FL 33919

101

City-State-Zip: FT. MYERS FL 33919

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: SHARI L SKINNER, MD

REGISTER AGENT

FT. MYERS FL 33919

02/08/2023