

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000011693

Entity Name: DERMATRAN HEALTH SOLUTIONS, LLC

Current Principal Place of Business:

17757 US HWY 19 N
SUITE 660
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 108
ROME, GA 30162 US

FEI Number: 80-0779155

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOLD, AARON J
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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 MOSS, SAMUEL R
Address 85 TECHNOLOGY PARKWAY
City-State-Zip: ROME GA 30165

Title MANAGER
Name YANCEY, DELOS H III
Address 85 TECHNOLOGY PKWY
City-State-Zip: ROME GA 30165

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: SAMUEL R MOSS

**SECRETARY /
TREASURER**

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date