

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000175428

**Entity Name:** DERMATOLOGY ASSOCIATES OF THE PALM BEACHES, PLLC

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**3693044604CC**

**Current Principal Place of Business:**

1551 FORUM PLACE  
SUITE 100-A  
W PALM BEACH, FL 33401

**Current Mailing Address:**

1551 FORUM PLACE  
SUITE 100-A  
W PALM BEACH, FL 33401 US

**FEI Number: 59-1271292**

**Certificate of Status Desired: No**

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

KENNEY, TIMOTHY H ESQ.  
1551 FORUM PLACE  
SUITE 300-C  
WEST PALM BEACH, FL 33401 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            AMBR  
Name            GREEN, HOWARD A M.D.  
Address        1551 FORUM PLACE  
                  SUITE 100-A  
City-State-Zip: W PALM BEACH FL 33401

*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: HOWARD A. GREEN, M.D.**

**AMBR**

**02/08/2024**

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Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date