

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000028375

Entity Name: REDEFINED DERMATOLOGY, LLC

Current Principal Place of Business:

8440 LAUREL LAKES BLVD
NAPLES, FL 34119

Current Mailing Address:

8440 LAUREL LAKES BLVD
NAPLES, FL 34119

FEI Number: 81-5279136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE-LOUIS, MARGARETH
8440 LAUREL LAKES BLVD
NAPLES, FL 34119 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 AP
Name PIERRE-LOUIS, MARGARETH
Address 8440 LAUREL LAKES BLVD
City-State-Zip: NAPLES FL 34119

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: MARGARETH PIERRE-LOUIS

PA

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date