

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000236609

**Entity Name:** FRANCISCO FLORES M.D. LLC

**Current Principal Place of Business:**

14601 SW 29TH ST STE 206  
MIRAMAR, FL 33027

**Current Mailing Address:**

THE DERM GROUP  
11924 FOREST HILL BLVD. SUITE 10A - 411  
WELLINGTON, FL 33414 US

**FEI Number:** 83-4572995

**Certificate of Status Desired:** No

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

GIUFFRIDA, THEODORE J M.D.  
3275 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 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 MBR  
Name THE DERM GROUP, LLP  
Address 3275 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*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:** THEODORE GIUFFRIDA

AGENT

03/28/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date