

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000003375

**Entity Name:** PINE ISLAND DERMATOLOGY, LLC

**Current Principal Place of Business:**

3365 BURNS RD  
SUITE 217  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3365 BURNS RD  
SUITE 217  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 84-4252827

**Certificate of Status Desired:** No

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

ARUTYUNYAN, SERGEY  
9118A SW 20TH CT.  
DAVIE, FL 33324 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            ARUTYUNYAN, SERGEY  
Address        9118A SW 20TH CT.  
City-State-Zip: DAVIE FL 33324

*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:** SERGEY ARUTYUNYAN

**MEMBER**

**04/17/2023**

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

\_\_\_\_\_  
Date