

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000370071

Entity Name: DUGGAN DERMATOLOGY, LLC

Current Principal Place of Business:

386 SHORE DRIVE
OSPREY, FL 34229

Current Mailing Address:

386 SHORE DRIVE
OSPREY, FL 34229 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUGGAN, CHELSEA
386 SHORE DRIVE
OSPREY, FL 34229 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 MGR
Name DUGGAN, CHELSEA
Address 350 S. INDIANA AVENUE
City-State-Zip: ENGLEWOOD FL 34223

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: CHELSEA DUGGAN

MANAGER

02/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date