

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038137

Entity Name: MANG PLASTIC SURGERY LLC**Current Principal Place of Business:**6650 78TH AVE.
PINELLAS PARK, FL 33781**Current Mailing Address:**6650 78TH AVE.
PINELLAS PARK, FL 33781**FEI Number:** 52-2407477**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANG, BRANDON-DZUNG
6650 78TH AVE.
PINELLAS PARK, FL 33781 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 MGRM
Name MANG, BRANDON-DZUNG
Address 182 MOBBLY BAY DR
City-State-Zip: OLDSMAR FL 34677Title MGR
Name MANG, ADRIENNE
Address 182 MOBBLY BAY DR
City-State-Zip: OLDSMAR FL 34677Title MGR
Name MANG, SOFIA
Address 182 MOBBLY BAY DR
City-State-Zip: OLDSMAR FL 34677Title MGR
Name MANG, ETHAN K
Address 182 MOBBLY BAY DR
City-State-Zip: OLDSMAR FL 34677Title MGR
Name MANG, AVA B
Address 182 MOBBY BAY DR
City-State-Zip: OLDSMAR FL 34677

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: BRANDON-DZUNG MANG

M.D.

03/06/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date