

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013263

**Entity Name:** TRUYOU PLASTIC SURGERY OF JACKSONVILLE PLLC

**Current Principal Place of Business:**

7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-4233957

**Certificate of Status Desired:** No

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

STERNBERG, EREZ  
7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 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 STERNBERG, EREZ G  
Address 7711 BAYMEADOWS ROAD EAST,  
STE 6  
City-State-Zip: JACKSONVILLE FL 32256

Title MEMB  
Name HICKMAN, HOLLIE J  
Address 350 NORTH ROSCOE ROAD  
City-State-Zip: PONTE VEDRE BEACH FL 32082

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EREZ STERNBERG

**MGR MBR**

**04/24/2013**

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

\_\_\_\_\_  
Date