

2015 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EREZ STERNBERG

PRESIDENT

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date