

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083560

**Entity Name:** THE JULIAN INSTITUTE OF PLASTIC SURGERY, PLLC

**Current Principal Place of Business:**

10429 SPRING HILL DRIVE  
SPRING HILL, FL 34608

**Current Mailing Address:**

10429 SPRING HILL DRIVE  
SPRING HILL, FL 34608

**FEI Number:** 27-3228527

**Certificate of Status Desired:** No

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

POLECRITTI, MARC D.O.  
10429 SPRING HILL DRIVE  
SPRING HILL, FL 34608 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 POLECRITTI, MARC D.O.  
Address 10429 SPRING HILL DRIVE  
City-State-Zip: SPRING HILL FL 34608

*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:** MARC POLECRITTI

**OWNER/PHYSICIAN**

**01/24/2013**

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

\_\_\_\_\_  
Date