

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000118574

**Entity Name:** STOKES AND SUDARSKY PLASTIC SURGERY LLC

**Current Principal Place of Business:**

6333 N FEDERAL HIGHWAY  
SUITE 404  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

6333 N FEDERAL HIGHWAY  
SUITE 404  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 46-3472422

**Certificate of Status Desired:** No

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

SUDARSKY, LAURA MD  
6333 N FEDERAL HIGHWAY  
SUITE 404  
FORT LAUDERDALE, FL 33308 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:** LAURA SUDARSKY

03/09/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STOKES, TRACEY H MD  
Address 3201 NE 31ST AVE  
City-State-Zip: LIGHTHOUSE POINT, FL. FL 33064

Title MGRM  
Name SUDARSKY, LAURA MD  
Address 1549 SW 18TH ST  
City-State-Zip: FORT LAUDERDALE FL 33312

Title PARTNER  
Name SUDARSKY, LAURA MD  
Address 6333 N FEDERAL HIGHWAY  
SUITE 404  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** LAURA SUDARSKY

MGRM

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date