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

Electronic Signature of Signing Authorized Person(s) Detail

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

Name and Address of Current Registered Agent:

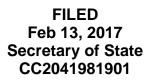
SUDARSKY, LAURA MD 6333 N FEDERAL HIGHWAY SUITE 404 FORT LAUDERDALE, FL 33308 US

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			02/13/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	STOKES, TRACEY H MD	Name	SUDARSKY, LAURA MD	
Address	3201 NE 31ST AVE	Address	1549 SW 18TH ST	
City-State-Zip:	LIGHTHOUSE POINT, FL. FL 33064	City-State-Zip:	FORT LAUDERDALE FL 3331	2
Title	PARTNER			
Name	SUDARSKY, LAURA MD			
Address	6333 N FEDERAL HIGHWAY SUITE 404			
City-State-Zip:	FORT LAUDERDALE FL 33308			

MANAGER 02/13/2017

Certificate of Status Desired: No



Date