

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000127220

Entity Name: LIPO MANAGEMENT LLC

Current Principal Place of Business:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470

Current Mailing Address:

13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470

FEI Number: 46-3636191

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MICHAEL J SINCLAIR M.D., P.A.
13005 STATE ROAD 80
SUITE 111
LOXAHATCHEE, FL 33470 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 MGMR
Name MICHAEL J SINCLAIR M.D., P.A.
Address 13005 STATE ROAD 80
City-State-Zip: LOXAHATCHEE FL 33470

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: MICHAEL J. SINCLAIR

MANAGING MEMBER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date