

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000075842

Entity Name: AESTHETICA MEDICAL, L.L.C.

Current Principal Place of Business:

108 N.W. 76TH DRIVE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

11006 SW 27TH AVE
GAINESVILLE, FL 32608

FEI Number: 81-2308406

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASSISI, JENNIFER B
11006 SW 27TH AVE
GAINESVILLE, FL 32608 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: JENNIFER CASSISI

01/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ADVANCED REGISTERED NURSE
PRACTITIONER, OWNER/PROVIDER
Name CASSISI, JENNIFER B
Address 11006 SW 27TH AVE
City-State-Zip: GAINESVILLE FL 32608

Title CERTIFIED FINANCIAL PLANNER AND
CERTIFIED HEALTHCARE BUSINESS
CONSULTANT
Name EVANS, B. PHIL JR.
Address 2631-A NW 41ST STREET
City-State-Zip: GAINESVILLE FL 32606

Title MEDICAL DOCTOR, STAKEHOLDER
Name CASSISI, CHRISTOPHER M DR.
Address 11006 SW 27TH AVE
City-State-Zip: GAINESVILLE FL 32608

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: JENNIFER CASSISI

ADVANCED REGISTERED NURSE PRACTITIONER,
OWNER/PROVIDER 01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date