

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060098

**Entity Name:** LUXEPODIATRY PALM BEACH PLLC

**Current Principal Place of Business:**

1080 EAST INDIANTOWN ROAD,  
SUITE #201  
JUPITER, FL 33477

**Current Mailing Address:**

1080 EAST INDIANTOWN ROAD,  
SUITE #201  
JUPITER, FL 33477 US

**FEI Number:** 82-0861234

**Certificate of Status Desired:** No

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

FUCHS, SUZANNE  
1080 EAST INDIANTOWN ROAD,  
SUITE #201  
JUPITER, FL 33477 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           | AMBR                                     | Title           | AMBR                                     |
| Name            | FUCHS, SUZANNE                           | Name            | SEECHARAN, VISHNU                        |
| Address         | 1080 EAST INDIANTOWN ROAD,<br>SUITE #201 | Address         | 1080 EAST INDIANTOWN ROAD,<br>SUITE #201 |
| City-State-Zip: | JUPITER FL 33477                         | City-State-Zip: | JUPITER FL 33477                         |

*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:** SUZANNE FUCHS

DR.

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date