that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VITALMD GROUP HOLDING LLC

Electronic Signature of Signing Authorized Person(s) Detail

#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000074929

Entity Name: GENESIS AESTHETIC SURGERY, LLC

# **Current Principal Place of Business:**

1010 SOUTH FEDERAL HIGHWAY **SUITE 1010** DELRAY BEACH, FL 33483

## **Current Mailing Address:**

3225 AVIATION AVENUE SUITE 700 MIAMI, FL 33133

## FEI Number: 54-2129332

### Name and Address of Current Registered Agent:

YELEN, MITCH 3225 AVIATION AVENUE SUITE 500 MIAMI, FL 33133 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

#### Authorized Person(s) Detail :

Title AMBR VITALMD GROUP HOLDING LLC Name 3225 AVIATION AVENUE, SUITE 700 Address

City-State-Zip: MIAMI FL 33133

**OWNER/ PLASTIC** SURGEON

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

FILED Jan 08, 2022 Secretary of State 1206489779CC

Certificate of Status Desired: No

Date

01/08/2022