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.

MGR

SIGNATURE: MEDICAL VITALITY CLINIC, LLC

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000268566

Entity Name: THE FLORIDA LIPOSUCTION CENTER LLC

Current Principal Place of Business:

1845 CORDOVA RD, B204 FORT LAUDERDALE, FL 33316

Current Mailing Address:

1845 CORDOVA RD, STE B204 FORT LAUDERDALE, FL 33316

FEI Number: 83-2675536

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GIES, BRADLEY 1983 PGA BLVD, STE 102 PALM BEACH GARDENS, FL 33408 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:

Authorized Person(s) Detail :

Authonized Terson(s) Detail.			
Title	MGR	Title	MGR
Name	CONTOURE LASER BODY	Name	MEDICAL VITALITY CLINIC, LLC
A daha a a		Address	1845 CORDOVA RD STE B 204
Address	4060 PGA BLVD, STE 201	City-State-Zip:	FT. LAUDERDALE FL 33316
City-State-Zip:	PALM BEACH GARDENS FL 33410		

FILED			
Mar 17, 2020			
Secretary of State			
0706356780CC			

Certificate of Status Desired: No

03/17/2020 Date

Date