

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094390

Entity Name: SCHUSTER PLASTIC SURGERY CENTER, LLC

Current Principal Place of Business:

1905 CLINT MOORE ROAD
SUITE 101
BOCA RATON, FL 33496

Current Mailing Address:

1905 CLINT MOORE ROAD
SUITE 101
BOCA RATON, FL 33496

FEI Number: 45-5291911

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUSTER, STEVEN MD
1905 CLINT MOORE ROAD, SUITE 101
BOCA RATON, FL 33496 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: STEVEN SCHUSTER MD

03/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STEVEN SCHUSTER MD PA
Address 1905 CLINT MOORE ROAD, SUITE 101
City-State-Zip: BOCA RATON FL 33496

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: STEVEN H SCHUSTER MD

MGMR

03/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date