

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105351

Entity Name: ST. JUDE MEDICAL & AESTHETIC CARE CENTER, LLC

Current Principal Place of Business:

131 N. MOON AVE., STE 3 & 4,
BRANDON, FL 33510

Current Mailing Address:

13317 FAWN LILY DR
RIVERVIEW, FL 33579 US

FEI Number: 27-3642852

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OKOYE, G. STANLEY MD, PHD
131 N. MOON AVENUE, STE. 3 & 4
BRANDON, FL 33510 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 MGR
Name OKOYE, G. STANLEY MD PHD
Address 13317 FAWN LILY DR
City-State-Zip: RIVERVIEW FL 33579

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: G. STANLEY OKOYE, MD, PHD

MGR

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date