

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000139686

Entity Name: GALITZ PLASTIC SURGERY CENTER OF AVENTURA, LLC

Current Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 306
AVENTURA, FL 33180

Current Mailing Address:

18851 NE 29TH AVENUE
SUITE 306
AVENTURA, FL 33180 US

FEI Number: 46-1318845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOK FOLK + KON, P.A.
18851 NE 29TH AVENUE
SUITE 306
AVENTURA, FL 33180 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 MGRM
Name GALITZ, RICHARD M
Address 18851 NE 29TH AVENUE, SUITE 306
City-State-Zip: AVENTURA FL 33180

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: RICHARD GALITZ

OWNER

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date