

**2015 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 1005  
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**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date