

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000150824

Entity Name: FLORIDIAN INSTITUTE OF PLASTIC SURGERY, PLLC

Current Principal Place of Business:

13660 JOG RD
SUITE #4
DELRAY BEACH, FL 33446

Current Mailing Address:

13660 JOG RD
SUITE #4
DELRAY BEACH, FL 33446

FEI Number: 46-3962672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLAPPER, ANDREW
13660 JOG RD
SUITE #4
DELRAY BEACH, FL 33446 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 KLAPPER, ANDREW
Address 13660 JOG RD
City-State-Zip: DELRAY BEACH FL 33446

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: ANDREW KLAPPER

OWNER

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date