

**2020 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**

**01/15/2020**

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

\_\_\_\_\_  
Date