

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000011184

Entity Name: NOVO PLASTIC SURGERY, LLC

Current Principal Place of Business:

5147 N. 9TH AVE., STE 203
PENSACOLA, FL 32504-8700

Current Mailing Address:

5147 N. 9TH AVE., STE 203
PENSACOLA, FL 32504-8700 US

FEI Number: 47-2894727

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHADDIX, KYLE K M.D.
5147 N. 9TH AVE., STE 203
PENSACOLA, FL 32504-8700 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 SHADDIX, KYLE K M.D.
Address 5147 N. 9TH AVE., STE 203
City-State-Zip: PENSACOLA FL 32504-8700

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: KYLE KIT SHADDIX

MGR

03/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date