

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000223388

**Entity Name:** MEDCARE & AESTHETICS, LLC

**Current Principal Place of Business:**

4243 W HILLSBORO BLVD.  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4243 W HILLSBORO BLVD.  
COCONUT CREEK, FL 33073 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MEDCARE AND AESTHETICS  
4243 W HILLSBORO BLVD.  
COCONUT CREEK, FL 33073 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:** INGRID CHAJON

01/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHAJON, INGRID  
Address 4243 W HILLSBORO BLVD  
City-State-Zip: COCONUT CREEK FL 33073

Title MGR  
Name PALAZZOLO, IVAN  
Address 4243 W HILLSBORO BLVD.  
City-State-Zip: COCONUT CREEK FL 33073

*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:** IVAN PALAZZOLO

MGR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date