

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000172054

Entity Name: PORIS PLASTIC SURGERY, LLC

Current Principal Place of Business:

324 E PAR ST.
SUITE 100
ORLANDO, FL 32804

Current Mailing Address:

324 E PAR ST.
SUITE 100
ORLANDO, FL 32804 US

FEI Number: 85-1615357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORIS, STEPHENIE DR.
324 E PAR ST.
SUITE 100
ORLANDO, FL 32804 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: STEPHENIE PORIS

02/02/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PORIS, STEPHENIE DR.
Address 324 E PAR ST.
 SUITE 100
City-State-Zip: ORLANDO FL 32804

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: DR. STEPHENIE PORIS

OWNER

02/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date