

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000492483

**Entity Name:** DR. GIANCARLO PLASTIC SURGERY, PLLC

**Current Principal Place of Business:**

851 MEADOWS ROAD  
SUITE 222  
BOCA RATON, FL 33486

**Current Mailing Address:**

851 MEADOWS ROAD  
SUITE 222  
BOCA RATON, FL 33486 US

**FEI Number:** 87-3663774

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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 MCEVENUE, GIANCARLO  
Address 4600 LINTON BLVD, SUITE 310  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name POWELL, JULIA  
Address 4600 LINTON BLVD, SUITE 310  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JULIA POWELL

**OWNER**

**07/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date