

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000492483

Entity Name: DR. GIANCARLO PLASTIC SURGERY, PLLC

Current Principal Place of Business:

851 MEADOWS ROAD
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.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 AMBR
Name MCEVENUE, GIANCARLO
Address 4545 NW 24TH TER
City-State-Zip: BOCA RATON FL 33431

Title AMBR
Name POWELL, JULIA
Address 4545 NW 24TH TER
City-State-Zip: BOCA RATON FL 33431

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: GIANCARLO MCEVENUE

AMBR

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date