

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012683

FILED  
Feb 15, 2004  
Secretary of State

Entity Name: CENTRAL FLORIDA PLASTIC SURGERY EMERGENCY TRAUMA ORGANIZATION, L.L.C.

**Current Principal Place of Business:**

521 W. S. R. 434  
SUITE 106  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

521 W.S.R. 434  
SUITE 106  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 59-3738466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JANKAUSKAS, SAULIUS J  
521 W.S.R. 434  
SUITE 106  
LONGWOOD, FL 32750 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GUPTA, R B  
Address: 3300 W. LAKE MARY BLVD SUITE 220  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: DEBAISE, ARTHUR  
Address: 242 LOCH LOMOND DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: JOHNSTON, DEAN L  
Address: 4106 LAKE MARY BLVD SUITE 212  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: SIEMIAN, WALTER  
Address: 10000 W. COLONIAL DRIVE SUITE 384  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: JANKAUSKAS, SAULIUS J  
Address: 521 W.S.R. 434 SUITE 106  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: S. JANKAUSKAS

MGRM

02/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date