

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012683

FILED  
Mar 31, 2010  
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/MANAGERS:**

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

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

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

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

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

I hereby 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: SAULIUS JANKAUSKAS      MGRM      03/31/2010

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