

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083560

FILED
Jan 05, 2011
Secretary of State

Entity Name: THE JULIAN INSTITUTE OF PLASTIC SURGERY, PLLC

Current Principal Place of Business:

10429 SPRING HILL DRIVE
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

10429 SPRING HILL DRIVE
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 27-3228527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLECRITTI, MARC D.O.
10429 SPRING HILL DRIVE
SPRING HILL, FL 34608 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: MGR
Name: POLECRITTI, MARC D.O.
Address: 10429 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608

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: MARC ROBERT POLECRITTI

MGR

01/05/2011

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