

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083560

**FILED  
Apr 04, 2012  
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: RUTH HOOK

MGM

04/04/2012

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