2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L00000004403

Entity Name: HOLCOMB FACIAL PLASTIC SURGERY, P.L.

Current Principal Place of Business:

1 SOUTH SCHOOL AVENUE
8TH FLOOR KANE PL.
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1 SOUTH SCHOOL AVENUE
8TH FLOOR KANE PL.
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-1000895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBRECHT, WILLIAM G
200 S. ORANGE AVENUE
SARASOTA, FL 34236 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: P ( ) Delete
Name: HOLCOMB, J DAVID MD
Address: 8407 SALLING LOOP
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOLCOMB, J DAVID MD
Address: 8407 SALLING LOOP
City-St-Zip: BRADENTON, FL 34202

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: J. DAVID HOLCOMB, MD MGR 01/10/2005

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