## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000004403**

1. Entity Name

HOLCOMB FACIAL PLASTIC SURGERY, P.L.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business
1 SOUTH SCHOOL AVENUE

1 SOUTH SCHOOL AVENU 8TH FLOOR KANE PL. SARASOTA, FL. 34237 Mailing Address

1 SOUTH SCHOOL AVENUE SUITE 800 SARASOTA, FL 34237



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1000895

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G 200 S. ORANGE AVENUE SARASOTA, FL 34236

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<ol><li>The above named entity submits this statement for the purpose of change the obligations of registered agent.</li></ol>	ng its registered office or registered agent, or	both, in the State of Florida.	I am familiar with, and accept
SIGNATURE  Spinature: typed or printed name or registered agent and title II applicable	(NOTE: Registered Agent alignature required when reinstating	)	DATE

Filing Fee is \$50.00 Due by May 1, 2007 000000608027 01/31/07-80061-003 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HOLCOMB, J DAVID MD
STREET ADDRESS	8407 SALLING LOOP
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	•
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11 I hereby o	pertify that the information supplied with this filling does not quality for the ex

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 embowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE V BILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

111/01

Daytime Phone #