2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

1 SOUTH SCHOOL AVENUE
SUITE 800
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1 SOUTH SCHOOL AVENUE
SUITE 800
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/MANAGERS:

Title: MGR
Name: HOLCOMB, J DAVID MD
Address: 6919 BELMONT CT
City-St-Zip: LAKEWOOD RANCH, FL 34202

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 Statues.

SIGNATURE: J. DAVID HOLCOMB, MD PRES 01/07/2011

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