

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005763

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** PANAMA CITY PLASTIC SURGERY, L.L.C.

**Current Principal Place of Business:**

500 AIRPORT ROAD  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

500 AIRPORT ROAD  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 59-3647683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOCKLER, RAYMOND A M.D.  
500 AIRPORT ROAD  
PANAMA CITY, FL 32405 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:** MGRM ( ) Delete  
**Name:** MOCKLER, RAYMOND A M.D.  
**Address:** 500 AIRPORT ROAD  
**City-St-Zip:** PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** RAYMOND A. MOCKLER, M.D.

MGRM

04/08/2008

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