

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90032 035 \*\*\*\*50.00

<b>DOCUMENT # L00000011274</b>					
<b>1. Entity Name</b> <b>COSMETIC SURGERY CENTER, PL</b>					
<b>Principal Place of Business</b> <b>3109 STIRLING ROAD, SUITE 100</b> <b>FORT LAUDERDALE FL 33312</b>			<b>Mailing Address</b> <b>3109 STIRLING ROAD, SUITE 100</b> <b>FORT LAUDERDALE FL 33312</b>		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>65-1043228</b>	
Zip		Country		Applied For Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SINGER, BERNARD A ESQ.</b> <b>4925-A SHERIDAN STREET</b> <b>HOLLYWOOD FL 33021</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EDISON, RICHARD B</b> <b>3109 STIRLING ROAD, SUITE 100</b> <b>FORT LAUDERDALE FL 33312</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)

**11. I hereby certify that the information supplied with this filing does not qualify 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 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:** SIGNATURE REQUIRED 4/22/03 9549813222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #