

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005584

FILED
Jul 27, 2004
Secretary of State

Entity Name: COSMETIC AND LASER SURGERY INSTITUTE, LLC

Current Principal Place of Business:

4367 NW AMERIAH LANE
LAKE CITY, FL 32055

New Principal Place of Business:

4367 NW AMERICAN LANE
LAKE CITY, FL 32055

Current Mailing Address:

4367 NW AMERIAH LANE
LAKE CITY, FL 32055

New Mailing Address:

4367 NW AMERICAN LANE
LAKE CITY, FL 32055

FEI Number: 07-6723601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABEER, ADIL
4367 NW AMERIAH LANE
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

KABEER, ADIL
4367 NW AMERICAN LANE
LAKE CITY, FL 32055

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:

07/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KABEER, ADIL
Address: 4367 NW AMERIAH LANE
City-St-Zip: LAKE CITY, FL 32055

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 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: ADIL KABEER MD

MR.

07/27/2004

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