


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019751 1. Entity Name LAKESIDE MEDICAL AND AESTHETIC CENTRE, L.C.	
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Principal Place of Business 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026	Mailing Address 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026
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04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2376644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FUXA, LYDIA 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026
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**DO NOT WRITE
IN THIS SPACE**

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. SIGNATURE: <u>Lydia Fuxa</u> <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMANDO A. DE FERIA, M.D., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLENE TAGES CORDOVA, D.O., P.A. 600 NORTH HIATUS ROAD, SUITE 203 PEMBROKE PINES, FL 33026
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05/11/06-80129-010 50.00

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11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Armando De FERIA</u> <u>4/25/06</u> <u>954-392-7155</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
