

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019751

FILED
May 04, 2009
Secretary of State

Entity Name: LAKESIDE MEDICAL AND AESTHETIC CENTRE, L.C.

Current Principal Place of Business:

600 NORTH HIATUS ROAD, SUITE 203
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

600 NORTH HIATUS ROAD, SUITE 203
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 52-2376644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FUXA, LYDIA
600 NORTH HIATUS ROAD, SUITE 203
PEMBROKE PINES, FL 33026 US

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: ARMANDO A. DE FERIA, M.D., P.A.
Address: 600 NORTH HIATUS ROAD, SUITE 203
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM () Delete
Name: MARLENE TAGES CORDOVA, D.O., P.A.
Address: 600 NORTH HIATUS ROAD, SUITE 203
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES:

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

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: ARMANDO A DE FERIA

MGRM

05/04/2009

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