

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019751

FILED
Apr 18, 2011
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 ()

Name and Address of Current Registered Agent:

FUXA, LYDIA
600 NORTH HIATUS ROAD, SUITE 203
PEMBROKE PINES, FL 33026 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
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
Name: MARLENE TAGES CORDOVA, D.O., P.A.
Address: 600 NORTH HIATUS ROAD, SUITE 203
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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: LYDIA FUXA

MGR

04/18/2011

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