

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019751

FILED  
Jul 11, 2012  
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: ARMANDO DE FERIA

MGRM

07/11/2012

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