

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023815

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** CONTEMPORARY PLASTIC SURGERY, PL

**Current Principal Place of Business:**

6269 BEACH BOULEVARD  
SUITE 1  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

4221 SOUTHPOINT PARKWAY  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3948 3RD ST SOUTH  
SUITE 101  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 43-2011710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOOLABH, BIMAL S  
3948 3RD ST S  
STE 101  
JACKSONVILLE BEACH, FL 32250 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 ( ) Delete  
Name: DOOLABH, VAISHALI B  
Address: 10242 CYPRESS LAKES DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Delete  
Name: DOOLABH, BIMAL S  
Address: 10242 CYPRESS LAKES DR  
City-St-Zip: JACKSONVILLE, FL 32256

**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: BIMAL DOOLABH

MGR

01/11/2009

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