


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000029711  
1. Entity Name  
NAPLES AESTHETIC SURGERY INSTITUTE, LC



Principal Place of Business      Mailing Address  
1660 MEDICAL BLVD. SUITE 100      1660 MEDICAL BLVD. SUITE 100  
NAPLES, FL 34110      NAPLES, FL 34110



03042004 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
81-0578281      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
NAPLES-LAWDOCK, INC.  
4501 NORTH TAMiami TRAIL  
SUITE 300  
NAPLES, FL 34103

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENT, KRISTON J M.D. 1660 MEDICAL BLVD. SUITE 100 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASILE, ANDREA P M.D. 1660 MEDICAL BLVD. SUITE 100 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000155209  
05/05/04-80028-013 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       Date: 3/12/04      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE