

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029711

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** AESTHETIC SURGERY INSTITUTE OF NAPLES, LC

**Current Principal Place of Business:**

1660 MEDICAL BLVD. SUITE 100  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1660 MEDICAL BLVD. SUITE 100  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 81-0578281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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: MGR ( ) Delete  
Name: KENT, KRISTON J M.D.  
Address: 1660 MEDICAL BLVD. SUITE 100  
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Delete  
Name: BASILE, ANDREA P M.D.  
Address: 1660 MEDICAL BLVD. SUITE 100  
City-St-Zip: NAPLES, FL 34110

**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 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:** KRISTON J. KENT, M.D.

MGR

04/27/2006

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