

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