

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03267900338  
9/22/2003-90103-044-\$50.00-\$50.00

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FILED

2003 OCT -8 PM 2:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000029711**

1. Entity Name  
**NAPLES AESTHETIC SURGERY INSTITUTE, LC**

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

2. Principal Place of Business  
Suite: Apt. #, etc.

3. Mailing Address  
Suite: Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: **810578281** Applied For:  Not Applicable

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

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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: *CA Kent BUS. MGR* DATE: 9-17-03

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KENT, KRISTON J M.D. 1660 MEDICAL BLVD. SUITE 100 NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BASILE, ANDREA P M.D. 1660 MEDICAL BLVD. SUITE 100 NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *CA Kent BUS MGR* DATE: 9-17-03 Daytime Phone #: 566-3073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E093 (4/03)