


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

03-26-2004 90163 032 ****50.00

DOCUMENT # L03000012343 1. Entity Name BOYD PLASTIC SURGERY, P.L.C.					
Principal Place of Business 132 BENMORE DRIVE WINTER PARK FL 32792			Mailing Address 132 BENMORE DRIVE WINTER PARK FL 32792		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 48-1306800	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOYD, J. BARRY M.D. 132 BENMORE DRIVE WINTER PARK FL 32792				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYD, J. BARRY M.D. 132 BENMORE DRIVE WINTER PARK FL 32792	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>J. Barry Boyd, MD</u> 3/23/04 407-445-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					