2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012343

City-St-Zip: WINTER PARK, FL 32792

Entity Name: BOYD PLASTIC SURGERY, P.L.C.

FILED Jul 19, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of B	usiness:
132 BENMORE DRIVE WINTER PARK, FL 32792		
Current Mailing Address:	New Mailing Address:	
132 BENMORE DRIVE WINTER PARK, FL 32792		
FEI Number: 48-1306800 FEI Number Applied For() In accordance with s. 607.193(2)(b), F.S., the limited liability com		Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of Ne	w Registered Agent:
BOYD, J. BARRY M.D. 132 BENMORE DRIVE WINTER PARK, FL 32792 US		
The above named entity submits this statement for the p in the State of Florida.	urpose of changing its registered offi	ce or registered agent, or both
SIGNATURE:		
Electronic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	
Title: MGRM () Delete Name: BOYD, J. BARRY M.D. Address: 132 BENMORE DRIVE	Title: ()C Name: Address:	hange () Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J. BARRY BOYD, M.D. MGRM 07/19/2005