


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000026416</b>		
1. Entity Name <b>AMERICAN PLASTIC SURGERY OF TAMPA, LLC</b>		

Principal Place of Business <b>3800 MANSELL ROAD, SUITE 150 ALPHARETTA, GA 30022</b>	Mailing Address <b>3800 MANSELL ROAD, SUITE 150 ALPHARETTA, GA 30022</b>
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2. Principal Place of Business <b>2727 West MLK Jr. Boulevard</b>	3. Mailing Address <b>2727 West MLK Jr. Boulevard</b>
Suite, Apt. #, etc. <b>Suite 510</b>	Suite, Apt. #, etc. <b>Suite 510</b>
City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>33607</b>	Country <b>USA</b>

**FILED**  
04 NOV 15 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11032004 REIN-LLC CR2E101 (6/04)

4. FEI Number <b>20-0103227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <i>Agism Hand, Asst sec</i>	DATE <i>4/10/04</i>

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$200.00	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>AMERICAN PLASTIC SURGERY, LLC</b>	
STREET ADDRESS <b>3800 MANSELL ROAD, SUITE 150</b>	
CITY-ST-ZIP <b>ALPHARETTA, GA 30022</b>	

10. ADDITIONS / CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AMERICAN PLASTIC SURGERY, LLC</b>	
STREET ADDRESS <b>3600 MANSELL ROAD, SUITE 150</b>	
CITY-ST-ZIP <b>ALPHARETTA, GA 30022</b>	

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.	
<b>AMERICAN PLASTIC SURGERY, LLC</b>	
SIGNATURE: By: <i>[Signature]</i>	DATE: <i>11/2/04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

**REINSTATEMENT 2004**

**800042906338**  
11/19/04--01057--004 \*\*150.00

**678-795-5513**