# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2007**
**Secretary of State**

DOCUMENT# L03000045660

**Entity Name:** PLASTIC SURGERY SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number: 20-0646743** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, STUART R ESQ.
7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 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: STELNICKI, ERIC J
Address: 1150 N 35TH AVE SUITE 540
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: STELNICKI, ERIC J
Address: 701 POINCIANA DR
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify 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: ERIC STELNICKI PD 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date