

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024274

FILED
Feb 07, 2006
Secretary of State

Entity Name: ARTISTIC CENTER FOR PLASTIC SURGERY, P.L.

Current Principal Place of Business:

5210 WEBB ROAD
TAMPA, FL 33615

New Principal Place of Business:

11932 SHELDON ROAD
TAMPA, FL 33626

Current Mailing Address:

5210 WEBB ROAD
TAMPA, FL 33615

New Mailing Address:

11932 SHELDON ROAD
TAMPA, FL 33626

FEI Number: 20-0999840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADEMAKER, BART M.D.
5210 WEBB ROAD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

RADEMAKER, BART M.D.
11932 SHELDON ROAD
TAMPA, FL 33626 US

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: BART RADEMAKER

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RADEMAKER, BART M.D.
Address: 5210 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RADEMAKER, BART M.D.
Address: 11932 SHELDON ROAD
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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: BART RADEMAKER

MGMR

02/07/2006

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