

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046529

FILED
Apr 22, 2011
Secretary of State

Entity Name: PLASTIC SURGERY OF WEST FLORIDA, LLC

Current Principal Place of Business:

4214 NORTH HABANA AVENUE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 46186
TAMPA, FL 33646

New Mailing Address:

FEI Number: 20-1277687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINS, JOHN H III
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: MGRM
Name: HALPERN, JOSHUA
Address: 4214 NORTH HABANA AVENUE
City-St-Zip: TAMPA, FL 33607

I hereby 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: JOSHUA HALPERN

MGRM

04/22/2011

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