

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066328

FILED
Feb 22, 2008
Secretary of State

Entity Name: GULF COAST PLASTIC SURGERY, P.L.

Current Principal Place of Business:

350 B PENSACOLA BEACH BOULEVARD
GULF BREEZE, FL 32561

New Principal Place of Business:

543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503

Current Mailing Address:

350 B PENSACOLA BEACH BOULEVARD
GULF BREEZE, FL 32561

New Mailing Address:

543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503

FEI Number: 56-2513158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVEQUE, JOCELYN E M.D.
350 B PENSACOLA BEACH BOULEVARD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

LEVEQUE, JOCELYN E M.D.
543 FONTAINE STREET
SUITE A
PENSACOLA, FL 32503 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:

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOCELYN E. LEVEQUE, M.D.
Address: 350 PENSACOLA BEACH BOULEVARD, STE. B
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOCELYN E. LEVEQUE, M.D.
Address: 543 FONTAINE STREET SUITE A
City-St-Zip: PENSACOLA, FL 32503

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: JOCELYN E. LEVEQUE

OWNE

02/22/2008

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