2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000016962

1. Entity Name
ORLANDO PLASTIC SURGERY CENTER, LLC

Principal Place of Business	Mailing Address
3872 OAKWATER CIR. ORLANDO, FL 32806	3872 OAKWATER CIR. ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

02262008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
30-0297065		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SWEETWATER LAW OFFICES, PLC
SWEETWATER LAW OFFICES, PLC
900 FOX VALLEY DRIVE
LONGWOOD, FL 32779

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	POPE, GEORGE H		
STREET ADDRESS	3872 OAKWATER CIRCLE		
CITY-ST-ZIP	ORLANDO, FL 32806		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000849552
03/21/08-80025-002 138.75

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _Jerry H Pope as Manager_   2-29-08   407-857-6261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #