2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

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Entity Name: FARAHMAND PLASTIC SURGERY, P.L.

Current Principal Place of Business:

11600 COURT OF PALMS, UNIT 605
FT. MYERS, FL 33908

New Principal Place of Business:

13710 METROPOLIS AVENUE
SUITE 104
FT. MYERS, FL 33912

Current Mailing Address:

11600 COURT OF PALMS, UNIT 605
FT. MYERS, FL 33908

New Mailing Address:

13710 METROPOLIS AVENUE
SUITE 104
FT. MYERS, FL 33912

FEI Number: 20-2539348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARAHMAND, AUDREY
11600 COURT OF PALMS, UNIT 605
FT. MYERS, FL 33908 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 ( ) Delete
Name: FARAHMAND, AUDREY
Address: 11600 COURT OF PALMS, UNIT 605
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: AUDREY FARAHMAND MGRM 01/18/2006

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