

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044837

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED HAND AND PLASTIC SURGERY CENTER, LLC

**Current Principal Place of Business:**

13601 BRUCE B. DOWNS BOULEVARD  
251  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

13601 BRUCE B. DOWNS BOULEVARD  
251  
TAMPA, FL 33613 US

**New Mailing Address:**

P.O. BOX 3321  
RIVERVIEW, FL 33568 US

**FEI Number:** 20-2800726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARGASZ, SCOTT S MD, JD  
13601 BRUCE B. DOWNS BOULEVARD  
251  
TAMPA, FL 33613 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: GARGASZ, SCOTT S  
Address: 13601 BRUCE B. DOWNS BOULEVARD - 251  
City-St-Zip: TAMPA, FL 33613 US

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: SCOTT GARGASZ

MGRM

03/01/2011

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