2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# L05000107550

Entity Name: GULF COAST COSMETIC FACIAL SURGERY AND ORAL SURGERY, LLC

Current Principal Place of Business:

4400 BAYOU BOULEVARD
SUITE 44A
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BOULEVARD
SUITE 44A
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-3736737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, RANDALL W
4400 BAYOU BOULEVARD
SUITE 44A
PENSACOLA, FL 32503 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: BROWN, RANDALL W
Address: 4400 BAYOU BOULEVARD, SUITE 44A
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM ( ) Delete
Name: MARSHALL, CHADWICK J
Address: 321 BREAM AVENUE, #203
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SCHEUFLER, ERIC M
Address: 42 BUSINESS CENTRE DR. STE #210
City-St-Zip: MIRAMAR BEACH, FL 32550

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: RANDALL W. BROWN MGRM 01/24/2008

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