2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107550

City-St-Zip:

MIRAMAR BEACH, FL 32550

FILED Jan 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4400 BAYOU BOULEVARD SUITE 44A PENSACOLA, FL 32503 **Current Mailing Address: New Mailing Address:** 4400 BAYOU BOULEVARD SUITE 44A PENSACOLA, FL 32503 FEI Number: 20-3736737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, RANDALL W 4400 BAYOU BOULEVARD SUITE 44A 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BROWN, RANDALL W Name: Name: Address: 4400 BAYOU BOULEVARD, SUITE 44A Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MARSHALL, CHADWICK J Name: Address: 321 BREAM AVENUE, #203 Address: City-St-Zip: FT. WALTON BEACH, FL 32548 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SCHEUFLER, ERIC M Name: Name: 42 BUSINESS CENTRE DR. STE #210 Address: Address:

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.

City-St-Zip:

SIGNATURE: RANDALL W. BROWN MGRM 01/16/2009