

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112459

FILED
Apr 17, 2006
Secretary of State

Entity Name: TAMPA BAY MAKEOVER TEAM, LLC

Current Principal Place of Business:

14521 UNIVERSITY POINT PLACE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14521 UNIVERSITY POINT PLACE
TAMPA, FL 33613

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWOOD, KEN
14521 UNIVERSITY POINT PL
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

PROPER, STEVEN
14521 UNIVERSITY POINT PL
TAMPA, FL 33613 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: STEVEN PROPER

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: BRIAN R. WITT, DMD., PA
Address: 10320 N. 56TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGRM () Delete
Name: CENTER FOR DERMATOLOGY AND SKIN SURGERY
Address: 14521 UNIVERSITY POINT PLACE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

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

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

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: STEVEN PROPER

MGRM

04/17/2006

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