

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068234

FILED
Feb 16, 2007
Secretary of State

Entity Name: SOUTH FLORIDA PLASTIC SURGERY LLC

Current Principal Place of Business:

3501 HEALTH CENTER BLVD.
SUITE 2410
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

3501 HEALTH CENTER BLVD.
SUITE 2410
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-5395826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
3301 BONITA BEACH ROAD
SUITE 308
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ESHBAUGH, WILLIS G
3501 HEALTH CENTER BLVD
SUITE 2410
BONITA SPRINGS, FL 34135 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: WILLIS G ESHBAUGH

02/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESHBAUGH, WILLIS G DR.
Address: 3501 HEALTH CENTER BLVD., SUITE 2410
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: ESHBAUGH, WILLIS G
Address: 3501 HEALTH CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: GARDENER, PAUL M
Address: 3501 HEALTH CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

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

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 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: WILLIS G ESHBAUGH

MGRM

02/16/2007

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