

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068234

FILED
Feb 19, 2008
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:

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

MGRM

02/19/2008

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