

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068234

FILED
Feb 10, 2011
Secretary of State

Entity Name: SOUTH FLORIDA PLASTIC SURGERY LLC

Current Principal Place of Business:

1009 CROSSPOINTE DR.
SUITE 1
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1009 CROSSPOINTE DR.
SUITE 1
NAPLES, FL 34110

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:

GARDNER, PAUL M MD
1009 CROSSPOINTE DR
SUITE 1
NAPLES, FL 34110 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
Name: GARDNER, PAUL M MD
Address: 1009 CROSSPOINTE DR.
City-St-Zip: NAPLES, FL 34110 US

Title: MRS.
Name: GARDNER, AMY C
Address: 800 BENTWOOD DR.
City-St-Zip: NAPLES, FL 34108

I hereby 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: PAUL GARDNER

MGR

02/10/2011

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