

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083918

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** CENTER FOR RECONSTRUCTIVE SURGERY LLC

**Current Principal Place of Business:**

601 N. FLAMINGO ROAD  
SUITE 408  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

3700 WASHINGTON ST  
SUITE 208  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

601 N. FLAMINGO ROAD  
SUITE 408  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

3700 WASHINGTON ST  
SUITE 208  
HOLLYWOOD, FL 33021 US

**FEI Number:** 20-5445768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLOBERMAN, DAVID MD  
601 N. FLAMINGO ROAD  
SUITE 408  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

GLOBERMAN, DAVID MD  
3700 WASHINGTON ST  
SUITE 208  
HOLLYWOOD, FL 33021 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:

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GLOBERMAN, DAVID MD  
Address: 601 N. FLAMINGO ROAD SUITE 408  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GLOBERMAN, DAVID MD  
Address: 3700 WASHINGTON ST, SUITE 208  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: DAVID GLOBERMAN

MGRM

04/22/2009

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