2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

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Entity Name: PONTE VEDRA MEDSPA PLASTIC SURGERY & LASER CENTER, LLC

Current Principal Place of Business:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

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:

FAIRBANKS, RANDAL C
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 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: BURK, ROBERT W III, MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR
Name: RUMSEY, III, C. CAYCE III, MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGR
Name: SNYDER, BRETT J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR
Name: SCIOSCIA, PAUL J MD
Address: 209 PONTE VEDRA PARK DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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 Statues.

SIGNATURE: PAUL J. SCIOSCIA, MD MGRM 02/15/2011

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