

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034352

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC

**Current Principal Place of Business:**

3599 UNIVERSITY BOULEVARD SOUTH  
1600  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1300 MARSH LANDING PARKWAY  
104  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

3599 UNIVERSITY BOULEVARD SOUTH  
1600  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 33-1161672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

OBI, JOHN J  
3599 UNIVERSITY BOULEVARD SOUTH  
1600  
JACKSONVILLE, FL 32216 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: MGRM ( ) Delete  
Name: OBI, JOHN J  
Address: 3599 UNIVERSITY BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32216 US

**ADDITIONS/CHANGES:**

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: JOHN J OBI, MD

MGRM

04/08/2009

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