

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034352

FILED
Feb 13, 2010
Secretary of State

Entity Name: JACKSONVILLE PLASTIC SURGERY & MEDSPA, LLC

Current Principal Place of Business:

1300 MARSH LANDING PARKWAY
104
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

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
Name: OBI, JOHN J
Address: 3599 UNIVERSITY BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32216 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 Statutes.

SIGNATURE: JOHN J OBI

PRES

02/13/2010

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