

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051234

**FILED**  
**Jul 30, 2010**  
**Secretary of State**

**Entity Name:** BELLEZA COSMETIC SURGERY LLC

**Current Principal Place of Business:**

220 N WESTMONTE DR  
SUITE D  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

1350 S ORLANDO AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

220 N WESTMONTE DR  
SUITE D  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

1350 S ORLANDO AVENUE  
WINTER PARK, FL 32789

**FEI Number:** 33-1165251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRELL, JAMES  
220 N WESTMONTE DR  
SUITE D  
ALTAMONTE SPRINGS, FL 32714 US

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

FARRELL, JAMES  
1350 S ORLANDO AVENUE  
WINTER PARK, FL 32789 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: JAMES FARRELL M. D.

07/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FARRELL, JAMES F  
Address: 439 SHADY LANE  
City-St-Zip: ORLANDO, FL 32804

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: JAMES FARRELL M.D.,

PRES

07/30/2010

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