


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90025 011 \*\*\*138.75

**DOCUMENT # L07000051735**

1. Entity Name  
**SOUTH TAMPA PLASTIC SURGERY, PLLC**



Principal Place of Business <b>929 EAST BLOOMINGDALE AVENUE          BRANDON, FL 33511 US</b>	Mailing Address <b>929 EAST BLOOMINGDALE AVENUE          BRANDON, FL 33511 US</b>
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0180539</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**LAMBERT, JUDITH S  
 669A WEST LUMSDEN ROAD  
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Handwritten entry in row 10:*  
 TITLE: MGR  
 NAME: JACK A DAVIDSON DDS MD  
 STREET ADDRESS: 929 E. BLOOMINGDALE AVENUE  
 CITY-ST-ZIP: BRANDON, FL 33511

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_ **2-11-08** **(813)571 1516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #