

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051735

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** SOUTH TAMPA PLASTIC SURGERY, PLLC

**Current Principal Place of Business:**

1165 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

1165 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US

**New Mailing Address:**

**FEI Number:** 26-0180539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMBERT, JUDITH S  
669A WEST LUMSDEN ROAD  
BRANDON, FL 33511 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:** DAVIDSON, JACK A DDS MD  
**Address:** 1165 NIKKI VIEW DRIVE  
**City-St-Zip:** BRANDON, FL 33511

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: JENNIFER J SCHUTTIG

MNGR

01/25/2011

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