2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L08000080724

Entity Name: MPS HOLDINGS, L.L.C.

Current Principal Place of Business:

C/O MIAMI PLASTIC SURGERY
8940 N. KENDALL DRIVE, SUITE 903-E
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI PLASTIC SURGERY
8940 N. KENDALL DRIVE, SUITE 903-E
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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 ( ) Delete
Name: KELLY, MICHAEL E
Address: 8940 N. KENDALL DRIVE, SUITE 903-4
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete
Name: HERMAN, BRAD P
Address: 8940 N. KENDALL DRIVE, SUITE 903-4
City-St-Zip: MIAMI, FL 33176

Title: MGR ( ) Delete
Name: WOLF, CARLOS
Address: 8940 N. KENDALL DRIVE, SUITE 903-4
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL E KELLY MGR 01/30/2009

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