2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# L08000098524

Entity Name: SOVEREIGN PLASTIC SURGERY, PLLC

Current Principal Place of Business:

1921 WALDEMERE STREET, SUITE 810
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O JOHN L. MOORE
200 S. ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

1921 WALDEMERE STREET, SUITE 810
SARASOTA, FL 34239

FEI Number: 26-3586818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SHULMAN, ALISSA M M.D.
Address: 1921 WALDEMERE STREET, SUITE 810
City-St-Zip: SARASOTA, FL 34239 US

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: ALISSA M. SHULMAN, M.D. MGR 02/27/2009

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