

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098524

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**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:**

1921 WALDEMERE STREET  
SUITE 810  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 26-3586818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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

PALM TREE TAX & CONSULTING  
3859 BEE RIDGE ROAD  
SUITE 101  
SARASOTA, FL 34233 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: JODIE L. CONGDON, MBA, EA

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
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 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

01/20/2012

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