

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102353

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: PALM BEACH FACIAL PLASTIC SURGERY, LLC

## Current Principal Place of Business:

4280 PROFESSIONAL CENTER DRIVE, SUITE 310  
ATTN: CHIEF EXECUTIVE OFFICER  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

1515 N. FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

4280 PROFESSIONAL CENTER DRIVE, SUITE 310  
ATTN: CHIEF EXECUTIVE OFFICER  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

1515 N. FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH, FL 33401 US

FEI Number: 26-3663215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURPHY, MARK MD  
4280 PROFESSIONAL CENTER DRIVE  
SUITE 310  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

MURPHY, MARK MD  
1515 N. FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH, FL 33401 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:

02/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PALM BEACH EAR, NOSE, & THROAT ASSO C . P.A.  
Address: 4280 PROFESSIONAL CENTER DRIVE, SUITE 310  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PALM BEACH EAR, NOSE, & THROAT ASSO C . P.A.  
Address: 1515 N. FLAGLER DRIVE, SUITE 600  
City-St-Zip: WEST PALM BEACH, FL 33401 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: JAMES A. FARRELL, AUTHORIZED AGENT

MGR

02/06/2009

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