2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# L08000102353

Entity Name: PALM BEACH FACIAL PLASTIC SURGERY, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-3663215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, MARK MD
1515 N. FLAGLER DRIVE
SUITE 600
WEST PALM BEACH, FL 33401 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: PALM BEACH EAR, NOSE & THROAT ASSOC. P.A.
Address: 1515 N. FLAGLER DRIVE, SUITE 600
City-St-Zip: WEST PALM BEACH, FL 33401 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 Statues.

SIGNATURE: MARK MURPHY, M.D. MGR 01/10/2011

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