

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109839

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR HAIR RESTORATION AND PLASTIC SURGERY, LLC

**Current Principal Place of Business:**

6280 SUNSET DRIVE  
SUITE 509  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6280 SUNSET DRIVE  
SUITE 509  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 26-3797828      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MC MICHEN, CINDY  
6280 SUNSET DRIVE  
SUITE 504  
MIAMI, FL 33143 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:** MGRM  
**Name:** FHRPS, LLC  
**Address:** 6280 SUNSET DRIVE, SUITE 509  
**City-St-Zip:** MIAMI, FL 33143

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: JEFFREY S. EPSTEIN, ON BEHALF OF MGRM      MGRM      01/07/2010

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