

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000013263

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** TRUYOU PLASTIC SURGERY OF JACKSONVILLE PLLC

**Current Principal Place of Business:**

7111 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

**Current Mailing Address:**

7111 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

**FEI Number:** 26-4233957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STERNBERG, EREZ  
7111 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 US

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

STERNBERG, EREZ  
7711 BAYMEADOWS ROAD EAST  
STE 6  
JACKSONVILLE, FL 32256 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:

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STERNBERG, EREZ G  
Address: 7711 BAYMEADOWS ROAD EAST, STE 6  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MEMB  
Name: HICKMAN, HOLLIE J  
Address: 350 NORTH ROSCOE ROAD  
City-St-Zip: PONTE VEDRE BEACH, FL 32082 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: HOLLIE HICKMAN

MEMB

04/24/2012

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