

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095714

FILED
Aug 09, 2010
Secretary of State

Entity Name: THE PLASTIC SURGERY INSTITUTE OF MIAMI, PLLC

Current Principal Place of Business:

5777 LAGORCE DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5777 LAGORCE DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MAX A
1400 NW 10TH AVE. PH#3
MIAMI, FL 33136 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: JASON ALTMAN, M.D. P.A.
Address: 5777 LAGORCE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: SHARMA FACIAL PLASTIC SURGERY INC.
Address: 6301 COLLINS AVE. APT. 1601
City-St-Zip: MIAMI BEACH, FL 33141

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: JASON ALTMAN

MGRM

08/09/2010

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