

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095714

FILED
Mar 18, 2011
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:

ADAMS, MAX A
2100 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

03/18/2011

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

03/18/2011

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