

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041861

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** BOCA ORAL & FACIAL COSMETIC SURGERY LLC

**Current Principal Place of Business:**

9970 CENTRAL PARK BLVD  
#200  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

9970 CENTRAL PARK BLVD  
#200  
BOCA RATON, FL 33428 US

**New Mailing Address:**

**FEI Number:** 27-2502708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAUCK, MICHAEL M  
9970 CENTRAL PARK BLVD.  
#200  
BOCA RATON, FL 33428 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: MAUCK, MICHAEL M  
Address: 2389 KING TERRACE  
City-St-Zip: WELLINGTON, FL 33414 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: JEANNE MCMAHON

MAN

04/18/2012

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