

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000038

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** WAYNE LEE MD PLASTIC SURGERY, PLLC

**Current Principal Place of Business:**

310 W. MICHIGAN STREET  
APT # 446  
INDIANAPOLIS, IN 46202

**New Principal Place of Business:**

808 N FRANKLIN ST  
APT 2104  
TAMPA, FL 33602 US

**Current Mailing Address:**

310 W. MICHIGAN STREET  
APT # 446  
INDIANAPOLIS, IN 46202

**New Mailing Address:**

808 N FRANKLIN ST  
APT 2104  
TAMPA, FL 33602 US

**FEI Number:** 27-4481869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMPLIFI BUSINESS, INC.  
324 S. PLANT AVENUE  
TAMPA, FL 33606 US

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

SIMPLIFI BUSINESS, INC.  
324 S PLANT AVENUE  
TAMPA, FL 33606 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:

04/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEE, WAYNE C  
Address: 808 N FRANKLIN ST, APT 2104  
City-St-Zip: TAMPA, FL 33602 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: WAYNE C. LEE

MGRM

04/13/2011

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