

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000009733

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** CHRISTOPHER CRAFT COSMETIC SURGERY, LLC

**Current Principal Place of Business:**

8720 N KENDALL DR  
SUITE 112  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8720 N KENDALL DR  
SUITE 112  
MIAMI, FL 33176

**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:**

CHRISTOPHER M. CRAFT, M.D., LLC  
8720 N KENDALL DR  
ST 112  
MIAMI, FL 33176 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: MGM  
Name: CHRISTOPHER CRAFT, MD,LLC  
Address: 8720 N KENDALL DR STE 112  
City-St-Zip: MIAMI, FL 33176

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: CHRISTOPHER CRAFT MD

OWNE

05/01/2012

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