

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000081007

FILED
Feb 14, 2012
Secretary of State

Entity Name: AVRON H. LIPSCHITZ M.D. PLASTIC SURGERY LLC

Current Principal Place of Business:

6828 S E WARWICK LANE
STUART, FL 34997

New Principal Place of Business:

509 RIVERSIDE DRIVE
SUITE 300
STUART, FL 34994

Current Mailing Address:

6828 S E WARWICK LANE
STUART, FL 34997

New Mailing Address:

4101 SW BIMINI CIRCLE NORTH
PALM CITY, FL 34990

FEI Number: 45-2699763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSCHITZ, AVRON MD
6828 S E WARWICK LANE
STUART, FL 34997 US

Name and Address of New Registered Agent:

SNODGRASS, JOANNE
4101 SW BIMINI CIRCLE NORTH
PALM CITY, FL 34990 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: JOANNE SNODGRASS

02/14/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SNODGRASS, JOANNE
Address: 4101 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

Title: MGRM
Name: LIPSCHITZ, AVRON MD
Address: 4101 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

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: JOANNE SNODGRASS

MGRM

02/14/2012

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