

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093601

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PLASTIC SURGEONS USA, LLC.

**Current Principal Place of Business:**

504 NE 7TH AVE.  
# 2  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

504 NE 7TH AVE.  
# 2  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 45-3007946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIENER, APRIL  
504 NE 7TH AVE.  
# 2  
FORT LAUDERDALE, FL 33301 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:** MGRM  
**Name:** WIENER, APRIL  
**Address:** 504 NE 7TH AVE. #2  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

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: APRIL WIENER

MGRM

04/30/2012

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