

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000116668

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** BOD COSMETIC SURGERY, LLC

**Current Principal Place of Business:**

3510 CORAL WAY  
CORAL GABLES, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

3510 CORAL WAY  
CORAL GABLES, FL 33145

**New Mailing Address:**

**FEI Number:** 45-3579109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, REINA  
3510 CORAL WAY  
CORAL GABLES, FL 33145 US

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

MORCATE, PATRICIA  
3510 CORAL WAY  
CORAL GABLES, FL 33145 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:** PATRICIA MORCATE

03/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MORCATE, PATRICIA  
**Address:** 3510 CORAL WAY  
**City-St-Zip:** CORAL GABLES, FL 33145

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:** PATRICIA MORCATE

MGR

03/16/2012

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