2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006146

FILED Jan 12, 2006 Secretary of State

Entity Name: THE RESTORATION CENTER FOR PLASTIC SURGERY, L.L.C.

Current Principal Place of Business: New Principal Place of Business:

2865 PGA BOULEVARD. SUITE 100 2865 PGA BOULEVARD.

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

2865 PGA BOULEVARD, SUITE 100 2865 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

FEI Number: 65-0949445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DELANGE, GREGORY S
2865 PGA BOULEVARD, SUITE 100

DELANGE, GREGORY S
2865 PGA BOULEVARD

PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 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: 01/12/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 DELANGE, GREGORY S
 Name:
 DELANGE, GREGORY S

 Address:
 2865 PGA BOULEVARD, SUITE 100
 Address:
 2865 PGA BOULEVARD

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGORY S. DELANGE MGR 01/12/2006