


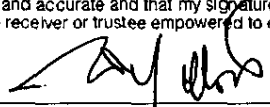
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1882

FILED

03 MAY 29 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002034			
1. Entity Name AMERICAN PLASTIC SURGERY OF FLORIDA, LLC			
Principal Place of Business 1150 LAKE HEARN DRIVE, SUITE 640 ATLANTA, GA 30342		Mailing Address 1150 LAKE HEARN DRIVE, SUITE 640 ATLANTA, GA 30342	
2. Principal Place of Business 3600 Mansell Road Suite, Apt. #, etc.		3. Mailing Address 3600 Mansell Road Suite, Apt. #, etc.	
City & State Alpharetta, Georgia		City & State Alpharetta, Georgia	
Zip 30022	Country Fulton	Zip 30022	Country Fulton
4. FEI Number 11-3643362		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
		DATE _____	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
		100020523774 04/03--01055--008 **50.00	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMERICAN PLASTIC SURGERY, LLC 1150 LAKE HEARN DRIVE, SUITE 640 ATLANTA, GA 30342 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM American Plastic Surgery, LLC 3600 Mansell Road, Alpharetta, GA 30022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
		Date _____ Daytime Phone # _____	

CR2E083 (10/02)

MAY.27.2003 12:03PM

FROM: PHYSICIANS SPECIALTY CORP.

NO. 906 P. 2/2

282

**AMERICAN
PLASTIC SURGERY, LLC**

A Division of American Healthcare Service, Inc.

FILED

03 MAY 29 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 21, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

American Plastic Surgery of Florida, LLC has failed to file there 2003 Annual Report due on May 1, 2003. Failure to file this report falls on the fact we recently went through an address change and did not submit this change to the Secretary of State. We sincerely apologize for this oversight. We are aware of the penalty for filing late but respectfully request a waiver of this \$400.

Sincerely,

AMERICAN PLASTIC SURGERY of FLORIDA, LLC



Matthew S. Mellott
Chief Financial Officer