

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017830

Entity Name: PONTE VEDRA MEDSPA PLASTIC SURGERY & LASER CENTER, LLC

FILED
Apr 23, 2013
Secretary of State
CC1335517415

Current Principal Place of Business:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

209 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C
113 NATURE WALK PARKWAY
SUITE 103
ST. AUGUSTINE, FL 32092 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BURK, ROBERT WIII, MD
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name RUMSEY, III, C. CAYCE III, MD
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name SNYDER, BRETT JMD
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name SCIOSCIA, PAUL JMD
Address 209 PONTE VEDRA PARK DRIVE
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. CAYCE RUMSEY, III, MD

MANAGING PARTNER

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date