

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093601

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 45-3007946

**Certificate of Status Desired:** No

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

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

*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:** APRIL WIENER

MGRM

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date