

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000160143

Entity Name: NORTH TAMPA FACIAL SURGERY LLC

Current Principal Place of Business:

5420 LAND O LAKES BLVD
SUITE 103
LAND O LAKES, FL 34639

Current Mailing Address:

5420 LAND O LAKES BLVD
SUITE 103
LAND O LAKES, FL 34639

FEI Number: 27-2801634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEMAR, DAVID A JR
1759 S KINGS AVE
BRANDON, FL 33511 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 LAND O LAKES ORAL
MAXILLOFACIAL AND IMPLAN
Address 5420 LAND O LAKES BLVD SUITE 103
City-State-Zip: LAND O LAKES FL 34639

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON EDWARDS

PRESIDENT

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date