

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033319

FILED
Mar 26, 2005
Secretary of State

Entity Name: ACULASER WELLNESS CENTER, LLC

Current Principal Place of Business:

C/O WILLIAM M. BUEGE
12787 SOUTH NORMANDY WAY
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

C/O WILLIAM M. BUEGE
4411 BEACON CIRCLE, SUITE 1
WEST PALM BEACH, FL 33407

Current Mailing Address:

C/O WILLIAM M. BUEGE
12787 SOUTH NORMANDY WAY
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 86-1080598 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUMPHREY, GERALD R ESQ.
1100 PROSPERITY FARMS ROAD, SUITE 300
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BUEGE, WILLIAM M
Address: 12787 SOUTH NORMANDY WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM M. BUEGE MGRM 03/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date