

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021579

Entity Name: CALLA MEDSPA, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

5110 SAIL WIND CIRCLE
ORLANDO, FL 32816

New Principal Place of Business:

411 W NEW ENGLAND AVE
SUITE 215
WINTER PARK, FL 32789

Current Mailing Address:

5110 SAIL WIND CIRCLE
ORLANDO, FL 32816

New Mailing Address:

411 W NEW ENGLAND AVE
SUITE 215
WINTER PARK, FL 32789

FEI Number: 76-0820281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARCELLA, ANTHONY J
5110 SAIL WIND CIRCLE
ORLANDO, FL 32816 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/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MD () Change (X) Addition
Name: SCARCELLA, ANTHONY J
Address: 5110 SAIL WIND CIRCLE
City-St-Zip: ORLANDO, FL 32816 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANTHONY J SCARCELLA

MD

04/26/2007

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