

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036954

Entity Name: ELITE LASER CARE, LLC

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2247 PALM BEACH LAKES BLVD  
#209  
WEST PALM BCH, FL 33409

**New Principal Place of Business:**

3537 FOREST HILL BLVD  
WEST PALM BCH, FL 33406

**Current Mailing Address:**

13833 WELLINGTON TRACE, E-4, PMB 217  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 20-4679360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHELIHAN, REGINA  
9106 DUCALE WAY  
# 207  
PALM BEACH GRDNS, FL 33418 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: MGRM  
Name: WHELIHAN, REGINA  
Address: 13833 WELLINGTON TRACE E4 PMB 217  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: WHELIHAN, MAUREEN MD  
Address: 13833 WELLINGTON TRACE, E-4, PMB 217  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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: MAUREEN WHELIHAN MD

MGR

01/09/2011

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