


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

47. **FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90047 002 \*\*\*143.75

**DOCUMENT # L07000124110**  
 1. Entity Name  
**CHOICE MEDICAL COSMETICS, LLC**



**30007931**

Principal Place of Business  
 1900 GLADES ROAD  
 SUITE 100  
 BOCA RATON, FL 33431

Mailing Address  
 2295 N.W. CORPORATE BLVD.  
 SUITE 140  
 BOCA RATON, FL 33431



2. Principal Place of Business - No P.O. Box #  
**2250 Glades Rd**

3. Mailing Address  
 Suite, Apt. #, etc.  
**2nd floor**

02132008 Chg-LLC CR2E083 (12/06)

City & State  
**Boca Raton, FL**

City & State

Zip  
**33431**

Country  
**USA**

Zip

Country

4. FEI Number  
**01-1551502**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRUDEN, JAMES**  
**980 N. FEDERAL HWY**  
**SUITE 404**  
**BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOICE MEDICAL COSMETICS, INC. 2295 N.W. CORPORATE BLVD., #140 BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABER, MOJGAN H M.D. 1155 BRICKELL BAY DRIVE, #910 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_