

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124110

FILED
Mar 24, 2009
Secretary of State

Entity Name: CHOICE MEDICAL COSMETICS, LLC

Current Principal Place of Business:

2250 GLADES RD 2ND FL
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 61-1551502 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRUDEN, JAMES
980 N. FEDERAL HWY
SUITE 404
BOCA RATON, FL 33432 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 () Delete
Name: CHOICE MEDICAL COSME, TICS, INC.
Address: 2295 N.W. CORPORATE BLVD., #140
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: SABER, MOJGAN H M.D.
Address: 1155 BRICKELL BAY DRIVE, #910
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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

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: MOJGAN SABER

MGR

03/24/2009

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