

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096448

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: AESTHETIC COSMETIC MEDICINE, LLC

**Current Principal Place of Business:**

5100 N FEDERAL HIGHWAY, STE 200B  
FT. LAUDERDALE, FL

**New Principal Place of Business:**

5100 N FEDERAL HIGHWAY  
SUITE 200B  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

1430 S OCEAN BLVD. #4A  
LAUDERDALE BY THE SEA, FL 33062

**New Mailing Address:**

5100 N FEDERAL HIGHWAY  
SUITE 200B  
FT. LAUDERDALE, FL 33308

FEI Number: 80-0287125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGEL, CATO B  
1430 S OCEAN BLVD. #4A  
LAUDERDALE BY THE SEA, FL 33062 US

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

ANGEL, CATO B  
5100 N. FEDERAL HWY  
SUITE 200B  
FORT LAUDERDALE, FL 33308 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANGEL, DANIELLE G  
Address: 1430 S OCEAN BLVD. #4A  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ANGEL, DANIELLE G  
Address: 5100 N. FEDERAL HWY SUITE 200B  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DANIELLE ANGEL

OWNE

04/20/2009

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