

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118736

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALYNE MEDICAL REJUVENATION INSTITUTE, INC

Current Principal Place of Business:

16111 EMERALD ESTATES DR,
WESTON, FL 33331

New Principal Place of Business:

2665 EXECUTIVE PARK DRIVE
UNIT 1
WESTON, FL 33331

Current Mailing Address:

16111 EMERALD ESTATES DR,
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-1479036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANT ANTONIO, ALBERTO
4775 COLLINS AVENUE
UNIT 1002
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SANT ANTONIO, ALBERTO
16111 EMERALD ESTATES DRIVE
WESTON, FL 33331 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:

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ULEVICH, LYNNE
Address: 16111 EMERALD ESTATES DR,
City-St-Zip: WESTON, FL 33331

Title: ST () Delete
Name: SANT ANTONIO, ALBERTO
Address: 16111 EMERALD ESTATES DR,
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE ULEVICH

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date