

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118736

FILED
Mar 31, 2011
Secretary of State

Entity Name: ALYNE MEDICAL REJUVENATION INSTITUTE, INC

Current Principal Place of Business:

2665 EXECUTIVE PARK DRIVE
UNIT 1
WESTON, FL 33331

New Principal Place of Business:

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
16111 EMERALD ESTATES DRIVE
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

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

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

I hereby 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 all other like empowered.

SIGNATURE: LYNNE ULEVICH

PRES

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date