

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026292

FILED
Apr 05, 2004
Secretary of State

Entity Name: ANTI-AGING CLINIC OF DESTIN, L.L.C.

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4485 FURLING LANE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3581707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUGHT, BRUCE A
385 HIGHWAY 98 E, STE. 220
DESTIN, FL 32541 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/MEMBERS:

Title: MGRM () Delete
Name: BURDEN, WILLIAM R M.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: METZ, KARL M.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: HARRIS, WALTER D M.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: THE SAVANNAH GROUP O, F DESTIN, INC.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: ENNIS, L. SCOTT N.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM R. BURDEN, M.D.

MGRM

04/05/2004

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