

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118736

Entity Name: ALYNE MEDICAL REJUVENATION INSTITUTE, INC

Current Principal Place of Business:

2665 EXECUTIVE PARK DRIVE
UNIT 1
WESTON, FL 33331

Current Mailing Address:

16111 EMERALD ESTATES DR,
WESTON, FL 33331

FEI Number: 20-1479036

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title ST
Name SANT ANTONIO, ALBERTO
Address 16111 EMERALD ESTATES DR,
City-State-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 B ULEVICH

MGMR

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date