

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011981

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** SOUTH BEACH VITALITY INSTITUTE, L.L.C.

**Current Principal Place of Business:**

844 ALTON ROAD, SECOND FLOOR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

844 ALTON ROAD, SECOND FLOOR  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-1044300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALIL, ABDALA M.D.  
844 ALTON ROAD, 2ND FLOOR  
MIAMI BEACH, FL 33139 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/MANAGERS:**

Title: MGRM  
Name: KALIL, ABDALA F M.D.  
Address: 844 ALTON ROAD, SECOND FLOOR  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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: A KALIL

MGRM

01/06/2012

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