

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018177

**FILED  
May 30, 2006  
Secretary of State**

**Entity Name:** ADVANCED MEDICAL COSMETIC INSTITUTE, LLC

**Current Principal Place of Business:**

3001 EASTLAND BLVD.  
STE 1  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2519 N. MCMULLEN BOOTH ROAD  
510-346  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 20-0000296      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BELISLE, CAROL J  
3001 EASTLAND BLVD.  
STE 1  
CLEARWATER, FL 33761 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BELISLE, CAROL J  
Address: 3001 EASTLAND BLVD., SUITE 1  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: CAROL J. BELISLE

MGR

05/30/2006

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