

# \*AMENDED\*

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-23-2003 90046 019 \*\*\*\*\*50.00  
09-26-2003 90004 006 \*\*\*\*\*50.00

FILED 102000018177

03 SEP 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**BMJH**

DOCUMENT # L02000018177

1. Entity Name

ADVANCED MEDICAL COSMETIC INSTITUTE, LLC



Principal Place of Business

3001 EASTLAND BLVD.  
6B  
CLEARWATER FL 33761

Mailing Address

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

2. Principal Place of Business

3001 EASTLAND BLVD

Suite, Apt. #, etc.

SUITE 1

City & State

CLEARWATER, FL

Zip

33761

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20000296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELISLE, CAROL J-  
3001 EASTLAND BLVD.  
6B  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Belisle, Carol J

Street Address (P.O. Box Number is Not Acceptable)

3001 EASTLAND BLVD

SUITE 1

City

CLEARWATER

FL

Zip Code

33761

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE mgr  
NAME Belisle, Carol J ☐ Delete  
STREET ADDRESS 3001 Eastland Blvd., Suite 1  
CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9.24.03

Date

727.7264001

Daytime Phone #

CR2E083 (4/03)