


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018357 1. Entity Name AMERICAN MEDICAL INSTITUTE FOR AGE & BEAUTY, L.L.C.	
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Principal Place of Business 3401 HENDERSON BLVD STE A TAMPA, FL 33609	Mailing Address 2106 DREW STREET, SUITE 103 CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0561344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COHRS, DENIS A 2575 ULMERTON ROAD, SUITE 210 CLEARWATER, FL 33762	DO NOT WRITE IN THIS SPACE
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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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRESDEN, GARY 2106 DREW ST #103 CLEARWATER, FL 33765
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gary Dresden **Gary Dresden** 2-7-05 727-442-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #