

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90017 010 ***150.00

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1. Entity Name
**AMERICAN MEDICAL INSTITUTE FOR AGE & BEAUTY,
L.L.C.**



Principal Place of Business
**3401 HENDERSON BLVD STE A
TAMPA, FL 33609**

Mailing Address
**2106 DREW STREET, SUITE 103
CLEARWATER, FL 33762**



03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0561344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DRESDEN, GARY
2106 DREW ST #103
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Gary Dresden

4-3-06

Date

727-442-0445

Daytime Phone #