


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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90044 026 \*\*\*\*50.00

**DOCUMENT # L02000018357**

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



Principal Place of Business      Mailing Address  
**2106 DREW STREET, SUITE 103  
CLEARWATER FL 33762**      **2106 DREW STREET, SUITE 103  
CLEARWATER FL 33762**

2. Principal Place of Business      3. Mailing Address  
**3401 Henderson Blvd**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite A**

City & State      City & State  
**Tampa, FL**

Zip      Country      Zip      Country  
**33609      USA**

4. FEI Number      Applied For  
**81-0561344**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**COHRS, DENIS A  
2575 ULMERTON ROAD, SUITE 210  
CLEARWATER FL 33762**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Mgrm Scott Dresden 2106 Drew Street #103 Clearwater, Fl. 33765		
Mgrm Bryan Dresden 2106 Drew Street #103 Clearwater, Fl. 33765		
Mgr Gary Dresden 2106 Drew #103 Clearwater, Fl. 33765		
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Gary Dresden      **Gary Dresden**      **3-10-03**      **727-442-0445**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)