

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021377

FILED
Apr 28, 2006
Secretary of State

Entity Name: AESTHETICS HEALTH MEDICINE INSTITUTE LLC

Current Principal Place of Business:

1282 NW 195 AVE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

1282 NW 195 AVE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 43-1971300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANZANO, CARLOS JULIO
1282 NW 195 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

MALABET, DIANA
1282 NW 195 AVE
PEMBROKE PINES, FL 33029 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: DIANA MALABET

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANZANO, CARLOS JULIO
Address: 1282 NW 195 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MALABET, DIANA
Address: 1282 NW 195 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: DIANA MALABET

MGRM

04/28/2006

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