

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026423

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIAN'S COSMETIC AND LASER CENTER, L.L.C.

**Current Principal Place of Business:**

3700 CREIGHTON ROAD  
SUITE 4  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

3700 CREIGHTON ROAD  
SUITE 4  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 54-2077078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, MICHELLE L MD  
2616 BAYSHORE PKWY  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, MICHELLE L  
Address: 2616 BAYSHORE DRIVE  
City-St-Zip: MILTON, FL 32583

I hereby 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: MICHELLE L. SMITH

MGR

01/20/2012

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