

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026292

FILED
Apr 30, 2009
Secretary of State

Entity Name: ANTI-AGING CLINIC OF DESTIN, L.L.C.

Current Principal Place of Business:

4485 FURLING LANE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4485 FURLING LANE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3581707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURDEN, WILLIAM
4485 FURLING LN
DESTIN, FL 32541 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: MGRM () Delete
Name: BURDEN, WILLIAM R M.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: THE SAVANNAH GROUP OF DESTIN, INC.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: ENNIS, L. SCOTT N.D.
Address: 4485 FURLING LANE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM R BURDEN, MD

MGRG

04/30/2009

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