

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035122

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** LASER AESTHETICS AND WELLNESS, LLC

**Current Principal Place of Business:**

1507 S. HIAWASSEE ROAD  
SUITE 207  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 618347  
ORLANDO, FL 32861 US

**New Mailing Address:**

**FEI Number:** 20-0268050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO, FL 32803 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: AKELLA, RAVI P  
Address: P O BOX 618347  
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR  
Name: VANGALA, PRADEEP K  
Address: P O BOX 618347  
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR  
Name: GANJAM, RAGHU D  
Address: PO BOX 618347  
City-St-Zip: ORLANDO, FL 32861 US

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: RAGHU GANJAM, MD

MGR

03/08/2012

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