2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L04000006443

Entity Name: REFLECTIONS MEDICAL SPA, LLC

Current Principal Place of Business:

1000 WEST MONROE ST, 3RD FLOOR ADMIN
ATTN: JOHN PORTER
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1000 WEST MONROE ST, 3RD FLOOR ADMIN
ATTN: JOHN PORTER
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

WILLIAM H.
BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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: WILLIAM H. MITCHEM 04/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: PORTER, JOHN
Address: 1000 W. MORENO ST., 3RD FLOOR
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN PORTER MGR 04/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date