2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L04000006443

Entity Name: REFLECTIONS MEDICAL SPA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1000 WEST MORENO 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:

WILLIAM H.
BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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 ( ) Delete
Name: PORTER, JOHN
Address: 1000 W. MORENO ST., 3RD FLOOR
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

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

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: JOHN PORTER MGR 04/13/2006

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