

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006443

FILED
Apr 23, 2007
Secretary of State

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:

WILLIAM H. MITCHEM
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

04/23/2007

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

04/23/2007

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