2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000044125

Entity Name: WINTER PARK LASER AND ANTI-AGING CENTER, LLC

Current Principal Place of Business:

610 N. WYMORE RD.
WINTER PARK, FL 32789

New Principal Place of Business:

610N. WYMORE RD.
WINTER PARK, FL 32789

Current Mailing Address:

610 N. WYMORE RD.
WINTER PARK, FL 32789

New Mailing Address:

606 N. WYMORE RD.
WINTER PARK, FL 32789

FEI Number: 20-1299498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILARDO, ANTHONY V
606 N. WYMORE RD.
WINTER PARK, FL 32789 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: FILARDO, ANTHONY V
Address: 236 N GLENWOOD AVE
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Delete
Name: FILARDO, ANETA K
Address: 236 N GLENWOOD AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FILARDO, ANTHONY V
Address: 606 NORTH WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change ( ) Addition
Name: FILARDO, ANETA K
Address: 606 NORTH WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789

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: DR. ANTHONY V. FILARDO MGRM 04/30/2007

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