

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048583

FILED
May 01, 2006
Secretary of State

Entity Name: SOUTH FLORIDA MESOTHERAPY INSTITUTE, L.L.C.

Current Principal Place of Business:

800 EAST CYPRESS CREEK ROAD, SUITE 203
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

800 EAST CYPRESS CREEK ROAD, SUITE 203
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 20-1317324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DR () Delete
Name: COSENTINO, STEPHEN
Address: 800 EAST CYPRESS CREEK ROAD, SUITE 203
City-St-Zip: FORT LAUDERDALE, FL 33334

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: STEPHEN COSENTINO

DR

05/01/2006

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