2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L04000048583

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:

101 NE 3RD AVENUE, STE #1430
FORT LAUDERDALE, FL 33301

Current Mailing Address:

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

New Mailing Address:

101 NE 3RD AVENUE, STE #1430
FORT LAUDERDALE, FL 33301

FEI Number: 20-1317324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COSENTINO, STEPHEN C
101 NE 3RD AVENUE, STE #1430
FORT LAUDERDALE, FL 33301 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: STEPHEN C COSENTINO 04/20/2009
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: DR (X) Change ( ) Addition
Name: COSENTINO, STEPHEN
Address: 101 NE 3RD AVENUE, STE #1430
City-St-Zip: FORT LAUDERDALE, FL 33301

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: STEPHEN C COSENTINO PRES 04/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date