

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-03-2005 90112 019 ****50.00

DOCUMENT # L04000063280 1. Entity Name DERMA WAVE MESOTHERAPY SYSTEMS, LLC					
Principal Place of Business 15693 83RD LANE NORTH LOXAHATCHEE, FL 33470			Mailing Address 15693 83RD LANE NORTH LOXAHATCHEE, FL 33470		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 01-0820397			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LYONS, GARY W ESQ. 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARD, TONEY G 15693 83RD LANE NORTH LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:			Date: 2/1/05 Daytime Phone #: 727-384-4339		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					