

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069333

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** THE AESTHETIC AND WELLNESS CENTER, PLC

**Current Principal Place of Business:**

3825 STATE RD. 64 EAST SUITE 300  
BRADENTON, FL 34208

**New Principal Place of Business:**

3825 STATE RD. 64 EAST  
300  
BRADENTON, FL 34208

**Current Mailing Address:**

3825 STATE RD. 64 EAST SUITE 300  
BRADENTON, FL 34208

**New Mailing Address:**

3825 STATE RD. 64 EAST  
300  
BRADENTON, FL 34208

**FEI Number:** 20-1659823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOWETT, INDA  
5313 GARDENS DR  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

MOWETT, INDA MD  
5313 GARDENS DR  
SARASOTA, FL 34243 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: INDA MOWETT

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOWETT, INDA MD  
Address: 5313 GARDENS DR  
City-St-Zip: SARASOTA, FL 34243

I hereby 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: INDA MOWETT

MD

02/07/2012

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