

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90321 007 ***450.00

DOCUMENT # L04000070062

1. Entity Name
GLO AESTHETIC & LASER INSTITUTE LLC



Principal Place of Business
**6548 ROCK CREEK DR
LAKE WORTH, FL 33467**

Mailing Address
**6548 ROCK CREEK DR
LAKE WORTH, FL 33467**

20060137

2. Principal Place of Business
7945 Palacio Del Mar Dr

3. Mailing Address
7945 Palacio Del Mar Dr

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33433

Country
USA

Zip
33433

Country
USA

04172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2153303

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**PAXMAN, JOHN T
1832 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent
Name
J. Alan Danton DO
Street Address (P.O. Box Number is Not Acceptable)
7945 Palacio Del Mar Dr.
City
Boca Raton FL Zip Code
33433

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 **J. Alan Danton DO** President
J. ALAN DANTON DO. 06/10/05
(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 President / Treas	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME J. ALAN DANTON DO.		NAME	
STREET ADDRESS 7945 Palacio Del Mar Dr.		STREET ADDRESS	
CITY-ST-ZIP Boca Raton		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **J. Alan Danton DO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **06/10/05** Daytime Phone #: **561-704-4565**