

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013807

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** COSMETIC VEIN CENTER OF FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

1940 N.E. 47TH STREET, SUITE 1  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

1940 N.E. 47TH STREET, SUITE 1  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 20-2327354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HABAL, SALEM M  
1940 N.E. 47TH STREET, SUITE 1  
FORT LAUDERDALE, FL 33308 US

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

HABAL, SALEM M M.D  
1940 N.E. 47TH STREET, SUITE 1  
FORT LAUDERDALE, FL 33308 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: SALEM M. HABAL.

04/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: M.D ( ) Change (X) Addition  
Name: HABAL, SALEM M M.D  
Address: 1940 NE 47 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: SALEM M, HABAL

M.D

04/26/2006

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