

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039040

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: MEDEYE AESTHETIC CENTER, LLC

**Current Principal Place of Business:**

5950 SUNSET DRIVE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5950 SUNSET DRIVE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 81-0669816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FRESHMAN, JERALD A ESQ.  
FRESHMAN FRESHMAN & TRAITZ, P.A.  
9155 SOUTH DADELAND BLVD. STE 1014  
MIAMI, FL 33156 US

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

SEGAL, ALAN J MD  
MEDEYE AESTHETIC CENTER, LLC  
5950 SUNSET DRIVE  
MIAMI, FL, FL 33143 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: ALAN JAMES SEGAL, MD

07/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SEGAL, JAMES  
Address: 5950 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SEGAL, ALAN J  
Address: 5950 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33143

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: ALAN JAMES SEGAL, MD

MGR

07/05/2006

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