


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000039040 1. Entity Name MEDEYE AESTHETIC CENTER, LLC	
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Principal Place of Business 5950 SUNSET DRIVE MIAMI, FL 33143	Mailing Address 5950 SUNSET DRIVE MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 81-0669816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEGAL, ALAN J MD MEDEYE AESTHETIC CENTER, LLC 5950 SUNSET DRIVE MIAMI, FL, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGAL, ALAN J 5950 SUNSET DRIVE MIAMI, FL 33143
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04/17/07-80013-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/4/07 305-661-8580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #