

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052816

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: EMBRACE MEDICAL SPA, LLC

**Current Principal Place of Business:**

1015 7TH AVE N  
ST. PETERSBURG, FL 33705 US

**New Principal Place of Business:**

1025 7TH AVE. N.  
ST. PETERSBURG, FL 33705 US

**Current Mailing Address:**

1015 7TH AVE N  
ST. PETERSBURG, FL 33705 US

**New Mailing Address:**

1025 7TH AVE. N.  
ST. PETERSBURG, FL 33705 US

FEI Number: 20-3264678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, SCOTT F  
1015 7TH AVE N  
ST. PETERSBURG, FL 33705 US

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

GRAHAM, SCOTT F  
1025 7TH AVE. N.  
ST. PETERSBURG, FL 33705 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: SCOTT F. GRAHAM

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAHAM, SCOTT F  
Address: 1015 7TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33705 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GRAHAM, SCOTT F  
Address: 1025 7TH AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33705 US

I hereby certify that the information supplied with this filing does not qualify 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: CARLA GRAHAM

RN

01/08/2008

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