

L05000064109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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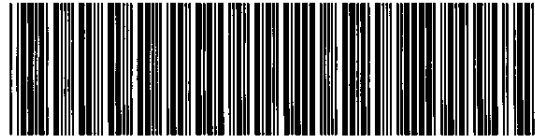
(Business Entity Name)

(Document Number)

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J. BRYAN MAY 30 2006

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETERNA MEDICAL REJUVENATION CENTER, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS MERCADO, M.D.

(Name of Person)

ETERNA MEDICAL REJUVENATION CENTER LLC

(Firm/Company)

1307 S. INTERNATIONAL PARKWAY, SUITE 2091

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS MERCADO

(Name of Person)

at (407) 771-0404

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2006

CARLOS MERCADO, M.D.
ETERNA MEDICAL REJUVENATION CENTER LLC
1307 S. INTERNATIONAL PARKWAY, STE 2091
LAKE MARY, FL 32746

SUBJECT: ETERNA MEDICAL REJUVENATION CENTER, LLC
Ref. Number: L05000064109

We have received your document for ETERNA MEDICAL REJUVENATION CENTER, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00037507

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ETERNA MEDICAL REJUVENATION CENTER, LLC

2. The mailing address of the limited liability company is : _____

1307 S. INTERNATIONAL PKWY, SUITE 2091, LAKE MARY, FL 32746

06/28/2005

L05000064109

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

CARLOS MERCADO

Name

1307 S. INTERNATIONAL PKWY, SUITE 2091

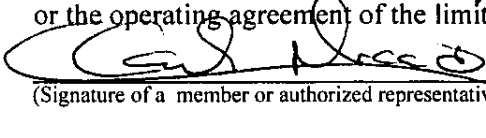
Florida street address (P.O. Box NOT acceptable)

LAKE MARY

FL 32746

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

CARLOS MERCADO

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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