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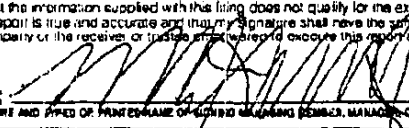
ave obgyn

FILED
Apr 14, 2006 8:00 am
Secretary of State

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03-15-2006 90024 033 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000066951			
1. Entity Name AVENTURA LASER CENTER, LLC			
Principal Place of Business 21110 BISCAYNE BOULEVARD STE 312 AVENTURA, FL 33180 US		Mailing Address 21110 BISCAYNE BOULEVARD STE 312 AVENTURA, FL 33180 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent EISENBERG, STEVEN D CPA 5400 S UNIVERSITY DR STE 415 DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, Name or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing.) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRABOIS, B MITCHELL MD 21110 BISCAYNE BOULEVARD AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 and I warrant to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date: 1/30/06	
SIGNATURE AND PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

B. Mitchell Grabois MD

30005100



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
57-3810672Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required