

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066951

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** AVENTURA LASER CENTER, LLC

**Current Principal Place of Business:**

21110 BISCAYNE BOULEVARD  
STE 312  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

21110 BISCAYNE BOULEVARD  
STE 312  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 59-3810672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISENBERG, STEVEN D CPA  
13790 NW 4TH ST  
STE 100  
SUNRISE, FL 33325 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRABOIS, B MITCHELL MD  
Address: 21110 BISCAYNE BOULEVARD  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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: B. MITCHELL GRABOIS, M.D.

MGR

01/13/2010

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