2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000074935

Entity Name: SKIN AND FACIAL I.C.U. LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1516 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919 US

New Principal Place of Business:

15721 NEW HAMSHIRE CT
FORT MYERS, FL 33908 US

Current Mailing Address:

1467 FRIENDSHIP WALKWAY
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 47-0958294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKELVIE, MILTON J
1467 FRIENDSHIP WALKWAY
FORT MYERS, FL 33901 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: PRES ( ) Delete
Name: MCKELVIE, SHAWN M
Address: 1516 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MCKELVIE, MILTON
Address: 1467 FREINDSHIP WALKWAY
City-St-Zip: FORT MYERS, FL 33901

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: MILTON MCKELVIE VP 04/29/2008

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