2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074935

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

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15721 NEW HAMSHIRE CT FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

1467 FRIENDSHIP WALKWAY FORT MYERS, FL 33901 US

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

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

MCKELVIE, MILTON J MCKELVIE, SHAWN M
1467 FRIENDSHIP WALKWAY
FORT MYERS, FL 33901 US FORT MYERS, FL 33901 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: SHAWN MCKELVIE 04/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: MCKELVIE, SHAWN M

Address: 1516 POYAL PALM SQUARE BLVD

Address: 1516 ROYAL PALM SQUARE BLVD Address: 1467 FRIENDSHIP WALKWAY
City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete Title: () Change () Addition

 Name:
 MCKELVIE, MILTON
 Name:

 Address:
 1467 FREINDSHIP WALKWAY
 Address:

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:

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: SHAWN MCKELVIE PRES 04/03/2009