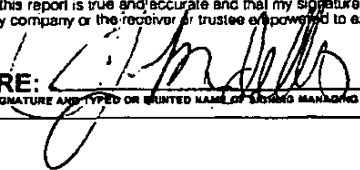


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-08-2006 90035 025 ****50.00

DOCUMENT # L05000076080 1. Entity Name MONDELLO MEDICAL SPA, LLC					
Principal Place of Business 116 E. PARK AVENUE LAKE WALES, FL 33853			Mailing Address 116 E. PARK AVENUE LAKE WALES, FL 33853		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05032006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-3216617 Applied For ☐ Not Applicable ☐	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONDELLO, CAROL 116 E. PARK AVENUE LAKE WALES, FL 33853				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONDELLO, CAROL 116 E. PARK AVENUE LAKE WALES, FL 33853	☐ 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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date: 6/5/06 Daytime Phone #	

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