2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008
Secretary of State

DOCUMENT# L05000091711

Entity Name: AELAN MEDICAL SPA JACKSONVILLE, LLC

Current Principal Place of Business:

SOUTHPOINT OFFICE CENTER
6817 SOUTHPOINT PARKWAY, SUITE 1704
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

SOUTHPOINT OFFICE CENTER
6817 SOUTHPOINT PARKWAY, SUITE 1704
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3474137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

BREW, GEORGE K
6817 SOUTHPOINT PKWY, SUITE 1804
JACKSONVILLE, FL 32216 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: GEORGE K. BREW 06/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB ( ) Delete
Name: HEDLEY, HALE
Address: 6817 SOUTHPOINT PKWY, STE. 1704
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
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: HALE HEDLEY MGRM 06/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date