2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
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 ( )**

Name and Address of Current Registered Agent:

BREW, GEORGE K
6817 SOUTHPOINT PKWY, SUITE 1804
JACKSONVILLE, FL 32216 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: 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 01/15/2009

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