

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112167

FILED
Apr 30, 2008
Secretary of State

Entity Name: SANCTUARY MEDICAL AESTHETIC CENTER LLC

Current Principal Place of Business:

4800 N. FEDERAL HIGHWAY
SUITE C101
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4800 N. FEDERAL HIGHWAY
SUITE C101
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 27-0133496 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOLF, BARBARA J ESQ.
1340 US HIGHWAY ONE
JUPITER COVE PLAZA, STE. 102
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

POZNER, JASON N MD
4800 N FEDERAL HWY
SUITE C101
BOCA RATON, FL 33431 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: JASON POZNER

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POZNER, JASON N
Address: 4800 N FEDERAL HWY C-101
City-St-Zip: BOCA RATON, FL 33431 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POZNER, JASON N MD
Address: 4800 N FEDERAL HWY C-101
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Change (X) Addition
Name: GOLDBERG, DAVID MD
Address: 4800 N FEDERAL HWY C-101
City-St-Zip: BOCA RATON, FL 33431 US

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: JASON POZNER

MGRM

04/30/2008

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