

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112167

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SANCTUARY MEDICAL AESTHETIC CENTER LLC

**Current Principal Place of Business:**

4800 N. FEDERAL HIGHWAY  
SUITE C100  
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:**

4800 N. FEDERAL HIGHWAY  
SUITE C100  
BOCA RATON, FL 33431

**FEI Number:** 80-0138746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POZNER, JASON N MD  
4800 N FEDERAL HWY  
SUITE C101  
BOCA RATON, FL 33431 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: MGRM  
Name: POZNER, JASON N MD  
Address: 4800 N FEDERAL HWY C-101  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM  
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 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: ANNIE JUILLET

MRS

04/20/2011

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