2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L06000008126

Entity Name: LASER VAGINAL REJUVENATION INSTITUTE OF SOUTH FLORIDA, P.L.

Current Principal Place of Business:

1111 NORTH 35TH AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

6442 WINDMILL GATE RD
HIALEAH, FL 33014

Current Mailing Address:

1111 NORTH 35TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

6442 WINDMILL GATE RD
HIALEAH, FL 33014

FEI Number: **FEI Number Applied For (X)** **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:

PARKS, LARRY D
7460 S.W. 130TH STREET
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

CULLEN, JOHN T CPA
12401 ORANGE DRIVE
SUITE 127
DAVIE, FL 33330 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: JOHN T. CULLEN CPA 05/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition
Name: MIALIN, ELIAS
Address: 6442 WINDMILL GATE RD
City-St-Zip: HIALEAH, FL 33014

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: ELIAS MUALIN MGMR 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date