2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L06000008126

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

Current Principal Place of Business:

6442 WINDMILL GATE RD
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6442 WINDMILL GATE RD
HIALEAH, FL 33014

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLEN, JOHN T CPA
12401 ORANGE DRIVE
SUITE 127
DAVIE, FL 33330 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: MGMR ( ) Delete
Name: MIALIN, ELIAS
Address: 6442 WINDMILL GATE RD
City-St-Zip: HIALEAH, FL 33014

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: ELIAS MUALIN MGR 04/06/2009

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