

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008126

FILED
Mar 16, 2012
Secretary of State

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

Current Principal Place of Business:

450 NORTH PARK RD SUITE 202
HOLLYWOOD, FL 33021

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
Name: MIALIN, ELIAS
Address: 6442 WINDMILL GATE RD
City-St-Zip: HIALEAH, FL 33014

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: MIREY MUALIN

MGR

03/16/2012

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