

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021579

Entity Name: CALLA MEDSPA, LLC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

5110 SAIL WIND CIRCLE  
ORLANDO, FL 32816

**New Principal Place of Business:**

411 W NEW ENGLAND AVE  
SUITE 215  
WINTER PARK, FL 32789

**Current Mailing Address:**

5110 SAIL WIND CIRCLE  
ORLANDO, FL 32816

**New Mailing Address:**

411 W NEW ENGLAND AVE  
SUITE 215  
WINTER PARK, FL 32789

FEI Number: 76-0820281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCARCELLA, ANTHONY J  
5110 SAIL WIND CIRCLE  
ORLANDO, FL 32816 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MD ( ) Change (X) Addition  
Name: SCARCELLA, ANTHONY J  
Address: 5110 SAIL WIND CIRCLE  
City-St-Zip: ORLANDO, FL 32816 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: ANTHONY J SCARCELLA

MD

04/26/2007

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