

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000021899

FILED
Apr 27, 2009
Secretary of State**Entity Name:** REJUVENATION MEDISPA, LLC**Current Principal Place of Business:**3700 CENTRAL AVE
SUITE 3
FORT MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**3700 CENTRAL AVE
SUITE 3
FORT MYERS, FL 33901 US**New Mailing Address:****FEI Number:** 20-8249209**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US**Name and Address of New Registered Agent:**HINES, JAMES P ESQ
315 S. HYDE PARK AVE
TAMPA, FL 33606 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: HINES, JAMES P

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: HORKY, ANDREA D
Address: 1755 BOY SCOUT DRIVE
City-St-Zip: FORT MYERS, FL 33907 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: BRUECK, ROBERT J
Address: 3700 CENTRAL AVE
City-St-Zip: FORT MYERS, FL 33901Title: MGR () Change (X) Addition
Name: GOLOSOW, LORRAINE M
Address: 3700 CENTRAL AVE
City-St-Zip: FORT MYERS, FL 33901Title: MGR () Change (X) Addition
Name: KIM, MICHAEL K
Address: 3700 CENTRAL AVE
City-St-Zip: FORT MYERS, FL 33901

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: MATT ASCHENBRENER

ADM

04/27/2009

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