

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022544

FILED
Apr 29, 2009
Secretary of State

Entity Name: MANASOTA MEDICAL SPA, P.L.

Current Principal Place of Business:

1250 S. TAMIAMI TRAIL
SUITE 304
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1250 S. TAMIAMI TRAIL
SUITE 304
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-4401397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBREN, DON B
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602 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: MGRM () Delete
Name: PRICE, BART MD
Address: 1250 SOUTH TAMIAMI TR SUITE 301
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: PEREZ, MARIO MD
Address: 1250 SOUTH TAMIAMI TR SUITE 301
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BART PRICE

MGRM

04/29/2009

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