

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022544

**FILED**  
**Apr 30, 2010**  
**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:**

MARINELLI, JEANNE  
1250 S. TAMIAMI TR.  
SARASOTA, FL 34239 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: JEANNE MARINELLI

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRICE, BART MD  
Address: 1250 SOUTH TAMIAMI TR SUITE 301  
City-St-Zip: SARASOTA, FL 34239

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

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: BART PRICE

MGRM

04/30/2010

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