

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034210

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MEDICAL SPA AT BHI LLC

**Current Principal Place of Business:**

300 NORTH LAKE DESTINY ROAD  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTH LAKE DESTINY ROAD  
MAITLAND, FL 32751 US

**New Mailing Address:**

7025 CR 46A STE.1071, #517  
LAKE MARY, FL 32746 US

FEI Number: 20-4661088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALICIA, TULLO  
300 NORTH LAKE DESTINY ROAD  
MAITLAND, FL 32751 US

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

ALICIA, TULLO  
7025 CR 46A STE.1071, #517  
LAKE MARY, FL 32746 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: TULLO, ALICIA  
Address: 1640 CHERRY RIDGE DRIVE  
City-St-Zip: HEATHROW, FL 32746 US

Title: MGR ( ) Delete  
Name: TULLO, RALPH  
Address: 1640 CHERRY RIDGE DRIVE  
City-St-Zip: HEATHROW, FL 32746 US

**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: ALICIA TULLO

PRES

04/30/2008

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