

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036954

Entity Name: ELITE LASER CARE, LLC

FILED  
Jan 07, 2007  
Secretary of State

## Current Principal Place of Business:

13833 WELLINGTON TRACE, E-4, PMB 217  
WELLINGTON, FL 33414

## New Principal Place of Business:

2247 PALM BEACH LAKES BLVD  
#209  
WEST PALM BCH, FL 33409

## Current Mailing Address:

13833 WELLINGTON TRACE, E-4, PMB 217  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 20-4679360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY STE. 300  
TAMPA, FL 33637 US

## Name and Address of New Registered Agent:

TED O WINTER, CPA  
2560 RCA BLVD  
PALM BEACH GRDNS, FL 33410 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: MAUREEN WHELIHAN MD

01/07/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WHELIHAN, REGINA  
Address: 1200 TOWN CENTER DRIVE, #315  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: WHELIHAN, MAUREEN MD  
Address: 13833 WELLINGTON TRACE, E-4, PMB 217  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WHELIHAN, REGINA  
Address: 13833 WELLINGTON TRACE E4 PMB 217  
City-St-Zip: WELLINGTON, FL 33414

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREEN WHELIHAN MD

MGRM

01/07/2007

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