

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036954

Entity Name: ELITE LASER CARE, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

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:

WHELIHAN, REGINA
9106 DUCALE WAY
207
PALM BEACH GRDNS, FL 33418 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: WHELIHAN, REGINA
Address: 13833 WELLINGTON TRACE E4 PMB 217
City-St-Zip: WELLINGTON, FL 33414

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

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: MAUREEN WHELIHAN MD

MGRM

01/19/2009

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