

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046678

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** BLUE DOOR SURGICAL AND MEDICAL SPA, LLC

**Current Principal Place of Business:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

325 S. BISCAYNE BOULEVARD  
2915  
MIAMI, FL 33131

**Current Mailing Address:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

325 S. BISCAYNE BOULEVARD  
2915  
MIAMI, FL 33131

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

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

LIMITED AGENT SERVICES  
44 WEST FLAGLER STREET  
MIAMI, FL 33130      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: STEFANIE LEWIS

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: OKPAKU, ANIRE  
Address: 515 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: OKPAKU, ANIRE  
Address: 325 S. BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33131

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: ANIRE OKPAKU

MM

05/01/2007

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