

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054523

FILED
Jan 04, 2011
Secretary of State

Entity Name: YOUTHFUL MEDICAL SPA, LLC

Current Principal Place of Business:

110 PROFESSIONAL DR
SUITE 104
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

426 ROYAL TERN RD. S.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-5000344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUTSMAN THAMES & MARKEY, P.A.
50 NORTH LAURA STREET, SUITE 1600
JACKSONVILLE, FL 32202 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: CMGR
Name: MAHAN, PAMELA
Address: 426 ROYAL TERN RD. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P
Name: MAHAN, PAMELA
Address: 426 ROYAL TERN RD. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR
Name: MAHAN, TROY C
Address: 426 ROYAL TERN TD. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP
Name: MAHAN, TROY C
Address: 426 ROYAL TERN TD. S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: PAMELA J MAHAN

PRES

01/04/2011

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