

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059461

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** METROWEST LASER AND AESTHETIC CENTER, P.L.

**Current Principal Place of Business:**

1507 S. HIAWASSEE RD.  
SUITE 115  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

1507 S. HIAWASSEE RD.  
SUITE 115  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 20-5020612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAIRBANKS & MCGILLIN, P.L.  
113 NATURE WALK PARKWAY, STE 103  
ST. AUGUSTINE, FL 32092 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: MGR  
Name: MAGSINO, MARISSA E M.D.  
Address: 1507 S. HIAWASSEE RD. STE 115  
City-St-Zip: ORLANDO, FL 32835

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: MARISSA MAGSINO

MGR.

04/30/2011

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