

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000064680

Entity Name: PONTE VEDRA MEDSPA, LLC

**FILED**  
**Mar 09, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1030 A1A NORTH PLACE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

1030 A1A NORTH PLACE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 20-5568279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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:**

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: HARRIS, JOHN B M.D.  
Address: 1030 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

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: JOHN B. HARRIS, M.D.

MGRM

03/09/2008

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